STATE OF MARYLAND—	CERTIFICATE OF DEATH 00418
1. PLACE OF DEATH	(51)
county of reducice	Registration Dist. No. 139
Village or City State Sanatorum	Ato. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	13 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Martin V. al	ell
(a) Residence: No. 100 TUBERCULUSIS SANA STATE (Usualplace of bods) M. M. I.	or, wand. St. Marys Co. Md. If nonresident after city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Day) (Yeaf)
54. If married, widowed, or divorced HUSBANO of	
HUSBAND OF Gertrude abell	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 23 1905	I last saw h in alive on I am 14 193 4: death is seid
7. AGE Years Months Deys If LESS then	to have occurred on the dete stated above, at 12. HOA m.
2.8 /0 2.2 ·1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trade profession or particular	Date of enset
kind of work done, as SPINNER, charmer	Walignam melanolic
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Date deceased last worked at 11. Total time (years)	tumor Primary in
work was done, as SILK MILL, SAW MILL, BANK, etc	Surra renal glands
O 10-Date deceased last worked at this occupation (month and year) spant in this / b WW occupation occupation occupation	
10000	Other Contributory Cansea of Importance;
12. BIRTHPLACE (city or town) Y V WY WY (State or country)	metastases to dung near
	oaria, trachea gall tradder
T \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	miserieric glands etc.
[Stete or country]	Name of operation Oete of
	What test confirmed diagnosis? Was there an au'opsy? Was there and au'opsy?
I O	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
S 16. BIRTHPLACE (city or town) W and a company (State or country)	Where did injury occur?, 19, 19
17 INFORMANT VACITION Cabellon admission	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Infly word & O. St. Man. Comd	open, means many security in mount, in mount, or in robert rende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hollywood Md Oate hollywoung	Nature of injury
19. UNDERTAKER M. L. Crecy gr	24. Was disease or injury in any way related to occupation of deceased? VV
(Address) Than hope and.	if so, specify
20, FILEO 4 5 7 4 479 / W	(Signed) Allward & Shaffer M.O.,
Registrar.	(Address) State Sanatorin mel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CER 5 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County	Registration Dist. No. 136
Village or City Tto Leave	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn Cieles	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 1 198 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Yeer) 22. I HEREBY CERTIFY, That I attended deceased from
1 21 2.4	7 197, to 7 197 7
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, at
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Prenative brite 1/81
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month end spent in this sec	
10. Dete deceased last worked at this occupetion (month end year) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stete er couptry)	Milacamage
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
	Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
17. INFORMANT The Calle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Hafritiell Dete Lieb 1934	Nature of injury
19. UNDERTAKER Levener Ollen (Address) Buckerston	24. Was disease or Injury In any way releted to occupetion of deceesed?
20. FILE Leb (, 1934 & Coffee Charles Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar	2477 N. Charlet Street Baltimore Requesting (1) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chranic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	UU43U
County Frederick	Registration Dist. No. 145
Village or City Harmony	NoSt., Ward
(The world)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME It privey if	mie Baker
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) Mass white OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of COA Baker	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10 /29 /1862	I last saw here alive on fare [1, 1933; death is said
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date/stated above, at 2.30 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Cerebra & Promissortines
SAWYER, BODKKEEPER, etc. 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	(Porelysis)
10. Date deceased last worked at this occupation (month and 1932 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) State or country) (near Farmers ville)	Other Contributory Causes of importance:
I 13. NAME & anie Baker	
14. BIRTHPLACE (city or town) Many and	Name of operation Date of
(State of country) Harmony near Myereville)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Malinag dutio	23 If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Maryland (State or country) (wesh of myersville)	Accident, suicide, or homicide?
17. INFORMANT Cla Baker (wife (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place A armonybate 10,1934	Nature of injury
19. UNDERTAKER Sittle Gros. (Address) Myersnille und.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jan, 2, 1934, William S. Wachtel Registrar.	(Signed) RV Haure, M. a. (Address) Milel atomy Mul
If more blanks are moded address State Designan	N. Cl. J. S B. R. B G. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or- ore	STATE OF MARYLAND	CERTIFICATE OF DEATH	01
1	infor- state UPA-	1. PLACE OF DEATH	95.2)	41
VI)		County Frederick	Registration Dist, No./2/: No. St.,	
1	F 4	Village or City Frederick	No.	Word
	.= 0	P. C. C.	death occurred in a hospital or institution, give its NAME instead of street and number deathds. How long in U.S. if of foreign birth?yrsmos	er)ds.
	Every CIANS ement	2. FULL NAME albert Barnes		
	RD. YSI	(a) Residence: No. 21 . Sift of (Usual place of abode)	St.,Ward, ff nonresident give city or town and State	
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
rk	LY.	Male Calaula S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) 193	4
Z	X A C T classified	5a. If merried, widowed, or divorced HUSBANO of		, real /
Ö	A (assi	HUSBANO OF Cara Smith	1 HEREBY CERTIFY, That I attended decea	sed from
BIND	-	6. DATE OF BIRTH (month, day, end year) Ulukurau 1881	Byrd 321	19.2.7. ath is sald
23	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at &m.	
FOR	IS A I stated proper	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	te of onset
А	IIS be be of c	8 Trade, profession, or particular kind of work done, as SPINNER, Labour	An a A o A	7/
E	L d		welle Cordial Disease /	N/3
R	Should it may n back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and the companion of month and the companion of the		
RESERVED		and the secondarion (month and) and secondarion (month and)		
RE	AGE THAT that ons o	year) occupation occupation	Other Contributory Causes of importance;	
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) and oud	P	
ARGIN	FA] ied. ns, stru	(State or country)	Jashles	ee/
AR		13. NAME Aflange Barnes		
M	H U sul	14. BIRTHPLACE (city or town) May 1001	Name of operation Date of	1
1	F 5 5	(State of country)	What test confirmed diegnosis? Was there an au'ops	y???
	INLY, WIT) be carefully EATH in pla	T TOTAL M	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
	NLY, be cal ATH nport	[16. BIRTHPLACE (city or town) Manylow (State or country)	Accident, suicide, or homicide? Oate of injury,	19
	IN Pe	man of B	Where did injury occur? (Specify city or town, county and State)	
	PLA hould OF D	17. INFORMANT (Address) 20 Starts Miles	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
	E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	F 161 .2	Place Fairvilus En fret Date Jul, 6, 1934	Nature of injury	
	-WRITE mation s CAUSE TION is	19. UNDERTAKER Albert Na Diion	24. Was disease or injury in any wey related to occupation of deceased?	
No. 1	1 4 0 5	(Address) Frederick Mil	If so, specify	0
83	m (T)	20. FILEO 6 January 8 4 doa meen	(Signed) Orcerne	M. D
>	2	Registydr.	(Address) Inclosed mo	
		If more blanks are needed, address Stag Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1934			
Other contributory causes of importance:	-1)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	. /,	137
County + redunt	1411 6	Registration Dist. No.
Village or City Dome	rely f	Thorna . St., Ward
		death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or fown where deeth o	ccurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Name	unn &	Legit 1 201
(a) Residence: No.	will	straight, Ma,
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
	R DIVORCED (write the word)	21. DATE OF DEATH
Made If mile	my 11.	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of		22. /LAEREBY CERTUPY. That I attended deceased from
(or) WIFE of		
72-	24 34	I last saw h elive on 19 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date steted ebove, at
1. AGE Teals	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	ormin.	were activiows:
8. Trade, profession, or particular kind of work done, as SPINNER,	mo	Mill a Dumma
SAWYER, BOOKKEEPER, etc		my my uni
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Date deceesed last worked at this occupation (month and	11. Total time (years) spant In this	
year)	octupation	
12, BIRTHPLACE (city or town)		Other Contributory Causes of importance:
(State or country)	Kany	
13. NAME (200 (5)	eard!	
13. NAME (city or town).		Name of operation Date of
(State or country)	Meland	Whet test confirmed diagnosis?
E 15. MAIOEN NAME IN A O	Ana (in	23. If death was due to external causes (VIOLENCE) fill in also the following:
E	Jan Jan Comment	Accident, suicide, or homicide? Data of Injury 19
O 16. BIRTHPLACE (city or town)	Mand	Where did Injury occur?
Caro K.	3/ 0 1/	(Specify city or town, county and State)
17. INFORMANT (Address)	To all	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Pray!	Manner of injury
Place Hocky Hell Oa	10 Jan /7 1934	Nature of injury.
A. 10×201	1	
19. UNDERTAKER VOUSELL TUST	aug 4	24. Was disease or injury In any way related to occupation of deceased?

MARGIN RESERVED FOR BINDING

properly classified.

stated

AGE should be

TION is very important. See instructions on back of certificate.

(Address)

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUREAU V. S.			
Other contributory causes of importance:	- Carrel	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

Jo	PI	CC	
H	nou	ŏ	
ite	UQ	of	
RD. Every	YSICIANS	statement	
RECO	. PH	Exact	
ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
S A PE	ated E	roperly	rtificate.
I	S	d	ce
H	be	pe	Jo
NK-T	plnods	it may	on back
ING I	AGE	so that	ctions (
UNFAI	supplied.	terms,	is very important. See instructions on back of certificate.
WITH	fully	in plain	int. S
INLY,	be car	EATH	importa
PLA	ould	F D	rery
(+T	Sh	0	70

00:423 STATE OF MARYI AND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick County Registration Dist. No. No. ____St., ____Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?______yrs.____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) January. White Single (Month) I HEREBY CERTIFY. That I attended deceased from ._____ 19_____ to______ 19_____ 19____ Jan. 24. 1934 If LESS than Months 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset Stillborn

Village or City Walkersville -Length of residence in city or town where death occurred (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX male 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Full term 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total tima (years) this occupation (month and spant in this -occupation _____ Other Contributory Causes of Importance: Walkersville 12. BtRTHPLACE (city or town). (State or country) Maryland FATHER 13. NAME Irving V.Bell 14. BIRTHPLACE (city or town) Maryland Name of operation...... Date of...... (State or country) What test confirmed diagnosis?_____ Was there an au'opsy?____ Mary C. Holter 15. MAIDEN NAME HEI 23. If death was due to external causes (VIOLENCE) filt in also the following: MOTI Maryland Accident, suicide, or homicide?______ Date of injury_____ 19____ 16. BIRTHPLACE (city or town) ___ (State or country) Where did injury occur?_____ (Specify city or town, county and State) Irving V.Bell Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT __ Walkersville. Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 6 cm Date Nature of injury. No 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signad) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Freet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1504			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT FECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00425
7	(159)
County Alred	Registration Dist. No. 136
Village or City Contensvelle (If	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Carquerite L) owil
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
1 was singly	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	1-181927 1-281923
6. DATE OF BIRTH (month, day, and year) Jan. 28, 1934	I last saw h en alive on 1 - 1 8 192 Teeth is seid
7. AGE Years Months Days If LES than	to heve occurred on the dete steted ebove, at
1 day,mirs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
R Trade profession or particular	Date of onsat
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	remature buth
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	-
O 10. Date deceased lest worked at this occupation (month and year) spent in this occupation occupation	
la + . 64	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
a 13. NAME Ray & Borrie	
E Can temple	Name of a solution
4. BIRTHPLACE (city or town) (State or country)	Name of operetion Dete of What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT & Kay & Some	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) A Address R J	
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Plece Mily Date Jun 2 ?, 1933	Nature of injury
19. UNDERTAKER Roy Bowl Feally	24. Wes diseese or injury In any way related to occupation of deceased?
(Address) I famesvell, nu	If so, specify
20. FILED Son 29 19 34 9, O Hundrichson	(Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN

state

OCCUPA-

ó					
STA	TE O	F MAR	YLAND-	CERTIFICATE OF DEATH	00426
1. PLACE OF DEATH				167	
county Frede	rick			Registration Dist. No. 12	1'
Village or City Fre		4		No Francis Sect + Key Hotel St	Ward
o o			(If	death occurred in a hospital or institution, give its NAME instead of street an	nd number)
					mosds.
2. FULL NAME					
(a) Residence: No. /1	26140	(Usual place	of abode) Hang	yers to we k. If nonresident give city or town a	and State
PERSONAL AND S	TATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR Male What Sa. If married, widowed, or divorced	RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	., 193 (Year)
HUSBAND of (or) WIFE of Educa	9.73	rane	-long	22. I HEREBY CERTIFY, That I attends	
6. DATE OF BIRTH (month, day, and	year) / 4.	- may -	-1892	l last saw h alive on, 19	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
41	/	/	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or particu kind of work done, as Si SAWYER, BOOKKEEPER,	etcSe	ey 4 In	eso:	Bullet want in	Date of onset
kind of work done, as SI SAWYER, BOOKKEEPER, 9. Industry or business in which work was done, as SILK SAW MILL, BANK, etc	MIEL.	enstore	Love Love	(Junde)	
10. Date deceased last worked a this occupation (month ar year)	nd (/	ene	ime (years) nt in this upation		
	/			Other Contributory Causes of Importance:	

12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME

Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT

(Address) 18. BURIAL, CREMATION Manner of Injury Nature of injury

Registrar.

24. Was disease or Injury In eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	* >		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH Registration Dist. No. / 2 /= should Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? _____vrs. statement 2. FULL NAME RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Month) classified. 5a. If married, widowed for divorced HUSBAND of 22. (or) WiFE of 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months Days If LESS than _hrs. 1 day... The PRINCIPAL CAUSE OF DEATH and related causes of importance min. & Trade, profession, or perticuler OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... plnods may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. TO. Date deceased last worked et 11. Total time (years) spant in this this occupation (month and so that occupation instructions 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) be carefully What test confirmed diagnosis?. Was there an autopsy? MOTHER 23. If deeth was due to externel causes (VIOLENCE) fill in also the following importan Accident, suicide, or homicide?___ _____ Date of injury____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. CAUSE OF Manner of injury WRITE mation Nature of injury LION 24. Was disease or injury In any way related to occupation of deceased?__ 19. UNDERTAKER (Address) If so, specify (Signed). 20, FILED 6 (Address)

If mor blanks are needed, add st State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis Communication	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	8 days ago
THE LAST V.S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	BY PHYSICIAN
---	--------------

FOR BINDING

IARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00428
1. PLACE OF DEATH	23
County orlander	Registration Dist. No. 139
Village or City State Sana torum	No. Y A St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	lcher - 1.
(a) Residence: No. W. P. C. W.	St., Ward. Orland Ward. Of If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Vefr)
5a. If married, widowed, or divorced HUSDAND of (or) WIFE-of Carlly Butcher	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) WMG. 11. 18 77	I last saw h malive on Jan 723, 1934; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 4.05 P.m.
56 7 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, es SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (monthoand this occupation (monthoand this occupation (monthoand this occupation (monthoand)	Tulmonary uterculosis
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 20 4/10	
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Canses of importance:
(State or country)	Mutal Henosis
13. NAME John Butcher	
13. NAME John Butcher 14. BIRTHPLACE (city or town) Mary and	Name of operation Date of What test confirmed diagnosis CND Xray You Was there an autopsy? No
15. MAIDEN NAME Mary V. Waters	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Way V. Waters 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Harry E. Butcher Con admission	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fredrick Date Moran, 1934	Manner of Injury
19. UNDERTAKER C. E. Cline + Son (Address) Frederick Mad.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. 4 T. 19 3 K. Registrar.	(Signed) Wart S. May M. D. (Address) Late San atorum M. D.
Acginiar.	,

1141100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I - was		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FEB 5 1934	1915	Attack of epilepsy	1 week ago	
Chronic interstitial rephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	191
County Trederick	Registration Dist. No./3/
Village or City Montenne tospelal	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	· A/
2. FULL NAME Trank Care	
(a) Residence: No. Didgwille Med ?	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (purite the word)	Jan. 29 1934
5a. If married, widowed, or divorced	(Month) (Day) (Yoar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY, That I ettended deceased from
0 41	1939, to See. 27, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
7 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc. + anu Labru	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Coronary Phrometorias Jan 26
SAW MILL, BANK, etc	
this occupation (month and year) 11. Total time (years) 11. Total time (years) 12. Total time (years) 13. Total t	
12. BIRTHPLACE (city or town) Manual and	Other Contributory Causes of Importance:
(State or country)	artero 3 elevorio 1925
13. NAME Joseph Care	
13. NAME 14. BIRTHPLACE (city or town) 14. Contact Country (City or town)	Name of operation Date of
1 (State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Ellen Tenne 16. BIRTHPLACE (city or town) Manyl and	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Ways and (State or country)	Accident, suicide, or homicide?
	Where did injury occur?(Specify city or town, county and State)
(Address) M. miline troot of a denile M.d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL	Manner of injury
Place Leminoun Date fam: / 1994	Nature of injury
19. UNDERTAKER De Me Surface	24. Was disease or injury in eny way related to occupation of deceesed? 200
(Addiess) met and	If so, specify
20. FILED 29 Jan, 1984 Africant	(Signed) 120 11
Registrar	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	f year_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of onset The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis 5 193	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	79	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

b	45	19	7	1
J	U	4	U	1

1. PLACE OF DEATH		23)
County Trederie	10	Registration Dist. No.
Village or City Wet. St.	marys	NoSt.,Wa
Length of residence in city or town wher	K-H (II	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city at town when	e death occurred	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Yath	erine Walsh	v trumliste
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Thurse while	married	(Month) (Day) (Year)
5a. If married, widowed, or divorced PHUSBAND of	0 6	20 11157577 2111
(or) WIFE of John	J. Crumlisto	22. HEREBY CERTIFY, That I attended decessed from 2 " 1938 to San 24" 193
DATE OF WINDS	1 Asa 19-188	1- 1- 1/14 2.
5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days If LESS than	I last saw h alive on
53 /	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trede, profession, or particular	l ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House unile	B 0 0 1 100
9. Industry or business in which	J. Company	Junionary 9 mentaries 1730
work was done, es SILK MILL, SAW MILL, BANK, etc.	Thou Home	
10. Date deceased last worked at this occupation (month end	11. Total time (years) spant in this	
year)	oc:upation	
12. BIRTHPLACE (city or town)	etimene.	Other Coutributary Causes of importance:
(State or country)	med.	
13. NAME John	Call	
13. NAME John 14. BIRTHPLACE (city of town)	0	Name of operation
(State or country)	Feloud.	Whet test confirmed diegnosis plants. 24 Was there an au'opsy?
15. MAIDEN NAME	lia uralela	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Beetinger	Accident, suicide, or homicide? Date of injury 19
(State or country)	ued.	Where did injury occur?
Jolen (1 Preside	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
7. INFORMANT (Address)	+0 710	Specific many owned in introduction, in nome, of in Public Place.
8. BURIAL, CREMATION, OR REMOVAL	O La	Manner of injury
Place W. St. Marys	led Date Jou. 27, 1934	Nature of injury
m t	11 120	
19. UNDERTAKER (Address)	the first	24. Was disease or injury in any way related to occupation of deceased?
1	1 of the	If so, specify
20, FILED JAN 24 1934 M	Torre Registrar.	(Signed) / Leccroped - 2
	A LEGISTAT.	" (Undiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B of OCCUPA-

STATE OF MARTEARD	CERTIFICATE OF DEATH	52
1. PLACE OF DEATH	4	
County Aredorich William Corners	Registration Dist. No. 436	
Village or City Aprocedure	No. 5 mic. Acuel Blood. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number	r) ds.
2. FULL NAME 6 mma L. Danne	7 /	
(a) Residence: No. 5 MV . OWAT. (Babut) (Usual place of abode)	. St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the, word)	21. DATE OF DEATH	4.
Hemale White married	Month (Day) (Y	(ear)
5a. If married, widowed, or divorced HUSBAND of		,
(or) WIFE of married	22. I HEREBY CERTIFY, That I attended decease Plc. 1933, to Jan. 20 1	9 3 4
6. DATE OF BIRTH (month, day, and year) 25 May 1886.	I last saw h et alive on fant (120 ,1934; death	,
7. AGE Years Months Days If LESS than	to have occurred on the date stored above, at 6:30 P.m.	
47 6 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
A Trade profession or particular	adeno Cartinoma al	ofonset
kind of work done, as SPINNER, Housewife	rectum + cerriese 1 193	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	/	
10. Date deceased last worked at 19.5 ? 11. Total time (years)	Gremory in rection, center	
this occupation (month and year) spent in this 28		
12. BIRTHPLACE (city or town) york: lo Penna.	Other Contributory Causes of importance:	
(State or country)	Social Programme 19	133
13. NAME Emma. L. Danner		11
14. BIRTHPLACE (city or town). yorla: loo. Penna.	Name of operation Date of	
(otate of country)	What test confirmed diagnosis? Was there an autopsy	ma
15. MAIDEN NAME Emma & minment	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) yorks. 60. Penna.	Accident, sulcide, or homicide? Date of Injury, 1	9
(State or country)	Where did injury occur?	
17. INFORMANT And Dannel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Spring Grove Date Jan 20, 1934	Nature of injury	
19. UNDERTAKER Corl 94. Shaffer	24. Was disease or injury in any way related to occupation of deceased?	2_
(Address) Spring Group Penna	If so, specify	
20. FILED 2 D Spring, 19 Sla Amblemay	(Signed) H. Jawrence Hahrney	M. D
Registrar.	(Address) Of Moderate mode of	

STATE OF MADVI AND CEPTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street cor	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
----------	-------	----------	---------	----	-------

00433

1. PLACE O	OF DEATH	I WIAIN	ILAND	CERTII ICATE	SI DL	.ДПГ	
	Frederick	No.	wealth the	Corporate Hand	Registrati	on Dist. No/3/=	
Village or	City Freder		(H	NoNo	itution, give its NA	St.,St.,	Ward ward
Langth of res	sidence in city or town whara d	eath occurred2	O_yrsmos	ds. How long in U.S.i	f of foreign birth?	yrs	.mosds.
2. FULL NA (a) Reside	AME Gilbert Is ence: No. 27 East	aac Denn Fifth Sti (Usual place	reet	St.,Ward.	If nonresid	ent give city or town a	nd State
PERSOI	NAL AND STATISTI	CAL PARTI	CULARS	MEDICAL	CERTIFICA	TE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married			21. DATE OF DEATH		25, (Day)	193.4 (Year)	
5a. If marriad, wido HUSBANO of (or) WIFE of	owad, or divorced Jeanette	Weddle		22. I HEREE	Y CERTI	FY. That I attended	ad deceased from
6. DATE OF BIRTH	(month, day, and year)	March 7.	1883	I last saw h_imalike on.	a fact	125,193	daath is sald
7. AGE Ye	ears Months	Days	If LESS than 1 day,hrs. ormin,	to have occurred on the date st The PRINCIPAL CAUSE OF DE wera as follows:			Data of onset
work w SAW MI Date decea this occ yaar) 12. BIRTHPLACE ((State or co		11	ime (years) ntin this 15 upation 15	Other Contributory Causes of in		and	
13. NAME Barker Dennis 14. BIRTHPLACE (city or town) (State or country) Virginia			Name of operation			7	
15. MAIOEN NAME unkom 16. BIRTHPLACE (city or town)				23. If death was due to external Accident, suicide, or homicide?	causes (VIOLENCE	E) fill in also tha follow	ing:
(Addrass)	27 East Seve		ot	Spacify whether Injury occurred	d in INOUSTRY, in	•••••	tate) PLACE.
Placa Terristons Mode 1/28/34.,19				Nature of Injury			
19. UNDERTAKER (Addrass) 20. FILED 27-1			Lurdy.	24. Was diseasa or injury in an	Df1	ccupation of deceased?	M. D.
17. INFORMANT Mrs. Jeanette Dennis (Addrass) 27 Fast Seventh Street 18. BURIAL, CREMATION, OR REMOVAL Placa Limitaury Moste 1/28/34 , 19 19. UNDERTAKER M.R. Etchison & Son (Addrass) Frederick, Maryland			Accident, suicide, or homicide? Where did injury occur? Spacify whether Injury occurred Mannar of injury Nature of Injury 24. Was diseasa or injury in any If so, specify (Signed) (Address)	(Specify cit) d in INOUSTRY, in y way ralated to oc	y or town, county and S n HOME, or in PUBLIC ccupation of deceased?	State) PLACE.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of cpilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
100			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

		40		
	infor-	state	UPA-	1
	Jo u	plno	000	
	iten	sh	of	1
	RD. Every	YSICIANS	statement	
	[RECO	Y. РН	Exact	
	N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
1	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
	HIS	he	pe	of
	LI	pluoi	may	back
	N	E st	at it	uo s
1	ING	AG	so th	ction
	FAI	lied.	ms,	nstrn
1	S I	Idns	n ter	ee in
	WITH	fully	n plai	nt. S
)	LY,	care	TH I	oorta
	AIN	d be	DEA	y im
	PL.	shoul	OF	ver
	RITE	ion	USE	si No
	M	mat	CA	TIC
	E. B		1	T
	K		1	4

STATE OF MARYLAND	CERTIFICATE OF DEATH 11(1434
1. PLACE OF DEATH	2:
county of rederick	Registration Dist. No. 139
Village or City State Sanalorum	Mard death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	24 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME & Sella allice D	e Ruscio
(a) Residence: No. MARYLAND TUBERCULOSIS	SanATORI Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
a. If married, widowed, or divorced	
(or) WIFE of ameled De Ruscio	22. HEREBY CERTIFY, That I attended deceased from 1933, to Jan 25, 1934
6. DATE OF BIRTH (month, day, and year) July 17, 1914	I last saw held alive on Jan 25, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5: F:m.
19 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of one at
R Trade, profession, or particular kind of work done, as SPINNER, House SAWYER, BOOKKEEPER, etc.	
Kind of work done, as SPINNER, kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end of the spent in this	Outmonary Interculous
10. Date deceased last worked at this occupation (month end spent in this occupation wear) 11. Total time (years) spent in this occupation 3. 4400.	
12. BIRTHPLACE (city or town) Balto, md.	Other Cantributary Causes of importance:
(State or country)	
13. NAME Thomas Alevenson 14. BIRTHPLACE (city or town) Maryland (State or country)	
Z 14. BIRTHPLACE (city or town) Mary and	Name of operation Date of
1 (State of County)	What test confirmed diagnosis? Churt X nay T. Cos. Was there an au'opsy? 10
15. MAIDEN NAME Cora Brown	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Allla DI SMCCO (Madmission (Address) 2705 Overland ave. Balto Md	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 13 allo. Mu: Date uniteriorist	Nature of injury
19. UNDERTAKER M.L. Creager (Address) Thursday The Lind	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 19	(Signed) Server Shaffer M.D.
Registrar.	(Address) State Sana lorin Ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 }	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	V921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1020
County Ledench	Registration Dist. No.
Village or City 1 wax will	No. St., Ward
Length of residence in city frown where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME J Komos J. Non	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(a) Residence: No. Know ville md	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED ("The the word) 5a. If married, widowed or divorced	(Mogth) (Day) (Year)
HUSBAND of Corp WIFE of Corp.	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MOY 18 - 18 444 7. AGE Years Months avs If LESS than	to have occurred on the date stated above, at 7.3 f.m.
844 89 7 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
3. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho preumona 5 da ago
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. SIND HILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programme). The second in this companion of the second in this	
Do Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) A Classic Common (State or country)	Other Courseases of Importance.
13. NAME DOM DOME	
14. BIRTHPLAGE (city or town) And Seed Seed Seed Seed Seed Seed Seed Se	Name of operation
(State of Country)	What lest confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Subman Complete Complet	23. If death was due to external causes (VIOLENCE) fill In also the following: Assident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Command Comman	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Source Lee Date 2017, 1934	Manner of Injury
19. UNDERTAKER 1838 Dailous (Address) Burnow 1849 Mg	24. Was disease or injury in any way related to occupation of deceased?
20. FILED JUNG 17. 19.33 MAS A P. Registyar.	(Signed) to to the an M.D. (Address) Harpers Ferry W Va
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death. Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal eause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis & &	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7		•	
Other contributory causes of importance:		Other intributory eauses of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year
		1	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.		
NT RECORD, E L Y. PHYSICI I. Exact stater	3. ? 5a.	S
A PERMANE. ated EXACT operly classified	6.	1
—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly claim is very important. See instructions on back of certificate.	MOTHER FATHER 12.	
IFADING lied. AC ms, so th	12.	
VITH UNully supp	ER FATHE	
VINLY, V be careful be CATH in importar	HOM	
RITE PL	18.	
W. B.—WH mati	19.	-
A \ 1 /	1	

1. PLACE OF DEATH	D-CERTIFICATE OF DEATH 00436			
County traderies	Registration Dist. No.			
Village or City Riberty Lown	No. St., Wa			
2. FULL NAME Benjiman L. Dors (a) Residence: No. Louthern	mosds. How long in U.S. if of foreign birth?mos			
PERSONAL AND STATISTICAL PARTICULARS				
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR/DIVORCED (write the value)	(ord) \aw 15 193 4			
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 1931, to Jaw 15 1932			
DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS 1 day, Or	than to have occurred on the date stated above, at 4 30 7.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8. Trade, profession, or particular kind of work done, as SPINNER. Retired forter SAWYER, BOOKKEEPER, etc. 9. Industry or business in which on Julianus Conwork was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 15 47s spent in this year).	m ajo			
2. BIRTHPLACE (city or town) Md	Other Contributory Causes of importance: Other Contributory Causes of importance: Fruitral Funorrhage faw, 15			
14. BIRTHPLACE (city or town) 7 rd. (State or country)	Name of operation Date of			
15. MAIDEN NAME D'Elora Terro 16. BIRTHPLACE (city or town) Md (State or country) 7. INFORMANT How Coals (Address) Chuly Foron	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
8. BURIAL, CREMATION, OR REMOVAL Place Alberty foron Medate Jaw 17 , 1	Manner of injury			
9. UNDERTAKER Sowell & albacylo (Address) Liberty Fown	24. Was disease or injury in any way related to occupation of deceased? 20			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

There were In TT

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis EIVEU	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 3 1914			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00437
1. PLACE OF DEATH -	3
County Trederick.	Registration Dist. No. 177
Village or City Roel & Odwel	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give is 1441/12 linkead of street and infinitely ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME I Sant Dubel	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DEORGE (write the word)	(Month) (Day) (Wear)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
S. DATE OF BIRTH (month, day, and year) Fan 4, 1984	
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, atm.
0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	flechorw_
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Hoer Lybdidge	Other Contributory Causes of importance:
(State or country) manglem	Brito regures -
13. NAME Palvery I. (Dullet	
(Stata or country)	Nama of operation Date of
15. MAIDEN NAMPRELIEW Very Plant	What test confirmed diagnosis? Was there an autopsy? 23, If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT (Address) Pace of Lander	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL (Quantum)	Manner of injury
Place Arby Aidy Date An 4, 1934	Nature of injury
19. UNDERTAKER A COMPANY (Address)	24. Was disease or injury in any way related to occupation of deceased? W
20. FILED Jan. 4 , 1934 anna M. Jones	(Signed) Queliar Of Diller M. D.
Registrar.	(Address) Court

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HURRAII V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		.1	1,

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
The state of the s

)	y item of infor-	IS should state	it of OCCUPA-		
•	VT RECORD. Ever	LY. PHYSICIAN	. Exact statemen		
R BINDING	A PERMANEN	ted EXACTI	perly classified	ificate.	
SERVED FC	NK-THIS IS	should be sta	it may be pro	n back of cert	
MARGIN RESERVED FOR BINDING	TH UNFADING I	ly supplied. AGE	lain terms, so that	See instructions o	
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	
V. S. NO. 1	N. BWR	mati	CAL	TIO	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0438
1. PLACE OF DEATH	- Ra	
County Frederick	Registration Dist. No. / 4	2
Village or City 2 fords for	ND. St.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and isds. How long In U.S. if of foreign birth?	
2. FULL NAME Trerelia Anna M	any Buson	
(a) Residence: No. Wordslow	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
OR DLYORCED (write tha word)	0	. 193 4
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
(or) WIFE of John H. Rangon	22. HEREBY CERTIFY, That I attended	deceased from
M 10 1048	Hast saw has alive on Jan () of 1934	, 19.24.
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 9.55 A.m.	_; death Is said
85 / /4 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trada profession or particular	note as follows.	Date of onset
SAWYER, BOOKKEEPER, etc.	(brlenevsekernset	1925
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
Date deceased last worked at this occupation (month and) 11. Total time (years) spant in this		-
year)	Other Contributory Causes of importance:	-
12. BIRTHPLACE (city or town)	Injury & Right arms	10ec-
(State or country)	from fa fall down stairs	124
E 13. NAME Fro. a. Slemm	1	
14. BIRTHPLACE (city or town)	Name of operation Date of	
E 15. MAIDEN NAME is a Devellein	What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide?	
S (State or country)	Whera did injury occur?	
17. INFORMANT Martin Telfoy Emson	Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Right arm boll Brin	red
Place Which Date Jan. 6. 1934	Nature of injury	
19. UNDERTAKER Powell & Albaugh	24. Was disease or Injury in any way related to occupation of deceased?	w
(Address) Novolotion my	If so, specify	
20. FILED Jan. 5. 1954 5. E. Powell	(Signed) O D tulk	M. D.
Registrar.	(Address) Wardsballo 91	1d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 3 1884	July 5, 1927	Peritonitis	3 days ago
r. mil	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

0 STATE OF MADVIAND_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	(15-2)
County + redesich	Registration Dist. No. /3/
	No. releasely Color Handles Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrsm	osds. How long in U.S. it of foreign birth?yrsmosds
2. FULL NAME Chura Office	
(a) Residence: No. (Smill A sull place of abode)	St., Ward. Js. A. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Turnel()** **Turnel()* **Turnel()** **Turnel()** **Turnel()** **Turnel()** **Turne	21. DATE OF DEATH 3, 193 4, (Month) (Day) (Year)
. If married, widowed, or divorced	(Month) (Day) (Yéar)
(or) WIFE of late Samuel & Etgler,	22. DI HEREBY CERTIFY that I attended deceased from 19.33, to tan 3. 19.2
DATE OF BIRTH (month, day, and year) 1869 - 4 - 30	I last sew h alive on factor 3, 19.3 4; death Is sai
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
64 3 28 1 day,hr	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A Rosaver BookKeeper, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and 10.9.) 11. Total time (years) 2	Date of onset
9. Industry or business in which	0 - 10-
work was done, as SILK MILL, SAW MILL, BANK, etc	Cesto casma
10. Date deceased last worked et this occupation (month and 1983 11. Total time (years) spent in this occupation 2000	
. BIRTHPLACE (city or town) 2	Other Contributory Causes of Importance:
(State or country)	- Infution in Myseth.
13. NAME Stilliam Backer,	My condid Inal
14. BIRTHPLACE (city or town) 22 Km	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Susan Cerry -	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Zudenson	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
(Address) Sykespille med,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plate I leasant Hill Generaly garage 67, 193.	Nature of injury
	7,
UNDERTAKER C. M. Malty.	24. Was disease or injury in any way related to occupation of deceased?
UNDERTAKER LO. M. Matth. (Address) Wintfrield Trees.	24. Was disease or injury in any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Recistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

IS A PERMANENT RECORD. Every item of infor-

stated EXACTLY.

FOR BINDING

GAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

B.-WRITE PLAINLY, WITH

ż

UNFADING INK-THIS MARGIN RESERVED

TION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	MAKILAND—	CERTIFICATE OF DEATH 00440
County Fredrick		Registration Dist. No. 134
Village or City Emmutabuse	md R F8 /	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Esmias (a) Residence: No. Emms	Fergusor taling RDD (Usual place of abode)	1 <u>≠S</u> Y., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / /2 , 1932 (Month) (Day) (Par)
5a. If married, widowed, or divorced HUSBAND of Carrie Miller	Ferguson	HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Israel	ch 19 1853	1 last saw h alive on 1 2 10 193 3: death is said
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related gauses of importance
	23 rusy,min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Francisco	rmer	6 thrane Myservoites
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) French (State or country)	erech	Other Contributary Causes of importance:
1 (1).	VIII A	
E	pusor (
(State or country)	1	Name of operation Date of What test confirmed diagnosis Was there an autopsy?
# 15. MAIDEN NAME Elizabeth 7	Vilkmson	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	<i></i>	Accident, suicide, or homicide? Date of injury, 19
(State or country)	1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MYS Carrie Fe (Address) Emulsburg Ma	1guson	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mt St may 87	Action of Injury
Place Stanthony Come Da	ter 1/16 1934	Nature of injury
19. UNDERTAKER Walter & Grandson	Penne	24. Was disease or injury In any way related to occupation of deceased? 700
20. FILEO Jan 13 , 1934 71 17	Smitt.	(Signed) (Signed) (Attention of the Control of the
	Registrar.	(Address) Still fit all Street, Baltimore, Requesting V. S. Ny. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo	
V - 5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

item

CORD. Every

BINDING

ARGIN RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the usc of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
PEB P			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF	FDEATH	na en P	YLAND-	93-0	0442
	Frederick	. 1-		Registration Dist. No. 121	
Village or Ci	ity Freder	ick	0	No. Frederick City Hospital St, death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of resid	dence in city or town where	death occurred			
2. FULL NA	WE William A	lbert Gar	trell		
(a) Residence	ce: No. 26 East	Third St	reet	St.,Ward.	350
		(Usual place	of abode)	If nonresident give city or town an	d State
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	
Male	White	Widow		January 12 (Month) (Day)	(Yeer)
5a. If married, widows HUSBAND of	ed, or divorced			22. HEREBY CERTLEY, That I attended	d deserved from
(or) WIFE of	Alice	May Wate	rs	June 7 ,1934, to our /2	
& DATE OF BIRTH	month day and uses	T2 33 3	055	I lest saw h 1 m alive on 1 2 1934	
6. DATE OF BIRTH (July 11.1	If LESS then	to have occurred on the date stated above, et. 5:45. Dra.	, ucatii is saiu
		1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
78	sion, or particular	1 1	ormin.	were as follows:	Date of onset
kind of w	ork done, es SPINNER, BOOKKEEPER, etc	Retired H	la rmer	1/1/20 - 01	
9. Industry or t	business in which	200022.00.2		Milliana - Chronic	
SAW MIL	done, es SILK MILL, L, BANK, etc	Farm		ny ocarasis.	9
SAWYER, Industry or twork was SAW MILL To Date decease this occur	ed last worked at pation (month end	ena	ime (years)		- Jana
year)		26. 00:1	pation40	Otto Control to Comment in the control of the contr	
12. BIRTIIPLACE (cit	y or town) Lisbo	a		Other Contributory Causes of importance:	
(State or coun	itry) Howard			Hyperty place (whate	
13. NAME]	Michlos Gartr	ell		alterial Selevois.	
13. NAME 1	(city or town)			Name of operation Crantos Lorses Data of	Jun 10
(State or		land		What test confirmed diagnosis? Was there	au'opsy? 72
15. MAIDEN NAI	ME Mary Cro	SS		23. If death was dua to external causes (VIOLENCE) fill in elso the following	ig:
16. BIRTHPLACE	(city or town) Mary			Accident, sulcide, or homicide? Data of injury	19
∑ (State or	country) . Mary	land		Where did injury occur?	
17 INFORMANT	Mrs. Ben. B	Ni col l		(Specify city or town, county and Str Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
(Address)	26 East Thir	d Street			
	ION, OR REMOVAL Mt.			Manner of injury	
Place_Pin	e.Grove.Cem.	Date1/1	5/34.,1907	Nature of Injury	
19 UNDERTAKED	M.R. Etchison	& Son		24. Was disease or injury in any way related to occupation of deceased?	no
(Address)	Frederick.			If so, specify	
20 ELLED /3. 10.	mmy 84 800		211.11	(Signed) El Homa	O M. D.
CO. TILEDIA	130-1-000	V-J-0-11-00	Registrar.	(Address) has dearch	71,0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

· Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis 5 1934	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	and the second of	F MAR	YLAND-	CERTIFICATE OF DEATH	443
1. PLACE OF E	Ro Good of or the Bi	*, ** **		(52-2)	
County	Frederick			Registration Dist. No $\sqrt{3}/$	
Village or City_	Jeffe	rson	-7	NoSt.,	Ward
Length of residence	e in city or town where	death occurred	Leyrs mos	f death occurred in a horpital or institution, give its NAME instead of street and numb sds. How long in U.S. if of foreign birth?yrsmos	er) ds
2. FULL NAME (a) Residence:	No. Jeffe	A Hammond	mod	St., Ward. If nonresident give city or town and State	e
PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	ALCOHOL:
3. SEX 4.	COLOR OR RACE White		RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH January (Month) (Day)	A (Year)
5a. If married, widowed, of HUSBAND of (or) WIFE of	Dr. H.B.G	ross		22. I HEREBY CERTIFY, Thet I ettended dece	
6. DATE OF BIRTH (mon	th, day, and year) M	arch 28.1	848	I last saw h_QT alive on	eth is said
7. AGE Years	Months 9	Days 24	if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8:00 p.en. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade profession	, or particular done, es SPINNER, DKKEEPER, etc	Housewife		Allum Schming	ta of one ot
SAW MILL, B	ie, as SILK MILL, ANK, etc	At Home			
10. Date deceased la this occupation year)	st worked at 3/31	spa	ime (years) 50 nt in this 50 apation		we
12. BIRTHPLACE (city or (State or country)		a.nd		Other Contributory Causes of Importance:	535
13. NAME W	ashington H				4
13. NAME W	y or town)			Name of operation Date of	
	Mary Shee			What test confirmed diagnosis? Was there en autop	sy D
15. MAIDEN NAME 16. BIRTHPLACE (city (State or cour	y or town)	ryland		23. If death was due to external ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur?	19
17. INFORMANT	iss Emma A.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION,	OR REMOVAL	efferson	1/15.,19.34.	Manner of Injury	
19. UNDERTAKER M (Address) 20. FILED 13- Aug.	Frederick, M	aryland -	Cenyl,	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	D
V	(If more	blanks are needed, a	ddress Stal Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	+

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1910	Run over by street car	1 week ago	
	1	•		
Cerebral hemorrhage FB 5 19.4	July 5,1927	Peritonitis	3 days ago	
II BUREAU V. S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

LION

If more blacks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Chronic interstitial nephritis 1921 Run over by street car 1 u	
Chronic interstitial nephritis 1921 Run over by street car 1 u	e of onset
	week ago
Cerebral hemorrhage July 5,1927 Peritonitis 3 d	week ago
	days ago
	2 4
Other contributory causes of importance: Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis 1	1 year

1. PLACE OF DEATH	F MARTLAND	CERTIFICATE	OF DEAT	()(445
County Frederick		V	Registration Di	st. No. /3/	
Village or City Freder	ish (1	ND. Montes death occurred in a horpital or inst		St.,	Wai
Length of residence in city of to-where d			f of foreign birth?	угз	mos
2. FULL NAME Clara (a) Residence: Np. 222	& Johnson F.	reduck to	So Jac Har	Sea	
	(Usual place of abode)			ve city or town ar	nd State
PERSONAL AND STATIST			CERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Kan. (Month)	(Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	9.111	22 ₀ IHEREB			
(or) WIFE of John (,,	W. Hayett	Jan . 3 2	, 19.2.7. to F	an . /	2 , 193/
6. DATE OF BIRTH (month, day, and year)	-2041850	I last saw h alive on_	Jand	66,19 3	death is s
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date sta The PRINCIPAL CAUSE OF DE. were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Longewith -		Υ		Date of ons
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		was se			Jan 3-
To Date deceased last worked at this occupation (month and	11. Total time (years) spent in this				
12. BIRTHPLACE (city or town) Pres	le sch	Dther Contributory Causes of im	portance:	27	
(State or country)	1 +1 md	Gerentay a	mustrefo	leates	193
13. NAME Oriniel	Lillow				
13. NAME Sources 14. BIRTHPLACE (city or town) 772 (State or country)	ederich	Name of operation		Date of	w
15. MAIDEN NAMe Catherine a.	Dayhoff	What test confirmed diagnosis?			
15. MAIDEN NAM Catherine a. 16. BIRTHPLACE (city or town) The (State or country)	esterick mg	Accident, suicide, or homicide?_ Where did injury occur?	Da		
17. INFORMANT Edward / (Address) Fineal	Bent	Specify whether Injury occurred	(Specify city or to	wn, county and St , or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, DR REMOVAL Place Theolerich M	m/ Oliver landy Date 1-15 , 1934	Manner of Injury			
19. UNDERTAKER Harry 2 (Address) Hage	Carly mg.	24. Was disease or injury in any	way related to occupation	on of deceased?	no
20. FILED 13 - January 34 - 000	I mecualy;	(Signed) DC (Address)	Thor	sugar.	222 M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARTERIA	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
county Ctrederick	Registration Dist. No. 13 7
Village or City State Sanotorum	Ne Ma St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	s. 1. O.ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOYVOON Atluv	V Jr.
(a) Residence: No. MARYLAND TURERCULOSIS SAN	ATSKIUM Ward. V. Monteside Prive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	D. MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9 8 11
male white single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	0
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
Oct 17 1897	I last saw h & Melive on Jan 2 7 1934; death is said
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 4.30 A.m.
2 / 2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, A CLANNAN. SAWYER, BOOKKEEPER, etc.	Kulmon oru tulen cularin
9. Industry or business in which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month) and this occupation (month) and the spant in this	
year) occupation 6 UV	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Washington A.C.	
(State or country)	
13. NAME Johnson Hellen	
13. NAME Johnson Hellen 14. BIRTHPLACE (city or town) Wash, D. C. (State or country)	Name of operation MVM Dete of L
1 (State of Country)	What test confirmed diagnosis? Churt Xlay + 103. Was there an au'opsy? - t-
15. MAIDEN NAME VN WY DWYNN.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME May Juym. 16. BIRTHPLACE (city or town) Wash. D.C.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT (LOMSSON Hellen fr Com admission	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 17 Jones Bridge Rt Cheny Chasen	1 7
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place (1) ashmaglion N. Date Jum S. C. 19 34	Nature of Injury
19. UNDERTAKER JOSEPh Yawler Sons. Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Address Wash . D. C.	If so, specify
20. FILED 19. F	(Signed) Study S. Shaffer M. I
Registrar	(Address) Alate San a lorus M

V. S. No. 1

E E

WRITE

INK-THIS IS A PERMANENT RECORD. Every item of infor-should be stated EXACTLY. PHYSICIANS should state

FOR BINDING

IARGIN RESERVED

UNFADING

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage FED 5 1934	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
RD. Every	YSICIANS	statement	
C Icaco	Ү. РН	Exact	
RMANENT	XACTL	classified.	
S IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	be	pe	Jo
K-T.	plnous	t may	back
K	E	at i	SOI
S	AG	th e	ion
ADI	d.	3, 86	ruci
UNF	upplie	term	e inst
E	N S	lain	Se
WI	lula	in p	ınt.
ILY.	car	VI.H	ports
AIN	d be	DE	mi /
PL	nou) F	Very
TE	n sl)E	S
VRI	tion	AUS	NO
F	m	C	T

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH 00447
1. PLACE OF DEATH	NIWITE OF	157-2
County Frederick		Registration Dist. No.
Village or City Brunswick		No. St., Ward
Length of residence in city or town where death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Cornelia	Henderson	
(a) Residence: No. (Usual	place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PAI	RTICULARS	MEDICAL CERTIFICATE OF DEATH
emale Colored OR DIVO	MARRIED, WIDOWED. RCED (write the word) Ingle	21. DATE OF DEATH January (Month) January (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single		22. I HEREBY CERTIFY. That I attended deceased from Dead on armivalto 19
6. DATE OF BIRTH (month, day, and yeer) Jan. 1		t last saw h; deeth is seid
7. AGE Years Months Days	If LESS than 1 day,B_hrs. ormin.	to have occurred on the date stated above, at
8) Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year)	otal time (years) spent in this occupetion	Congenital Heart lesion ?? Baby born without attendance of physician at 11:30 P.M. Jan, 16th, Found dead on arrival at 10 A.M. Jan. 17, 1534. Mother Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Brunswick (State or country)	, Md	states she haemorrhaged off and on during past 5 months. There was
Theodore Henders	on	probably partial separation of
13. NAME Theodore Henders 14. BIRTHPLACE (city or town) Burkitts (State or country) Maryland		Name of operation_placenta
		23. If death was due to external causes (VtOL ENCE) fill in elso the following;
15. MAIDEN NAME Margaret Louis 16. BIRTHPLACE (city or town) Water ford (State or country)	, va.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Helen Spriggs (Mc (Address) Brunswick, Md.	ther)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dunks The Ly Date Ace	m 18:1935	Manner of injury
19. UNDERTAKER ATTENTION (Address)		24. Was disease of njury in any way related to occupation of perseased?
20. FILED JAM 17, 1984 MYD H	J. H. K. S. A. Regisprar.	(Signed) Brunswick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	114 49 1,10 20	Character seed	1 year

OCCUPA.

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

14, BIRTHPLACE (city or town

15. MAIDEN NAME

(Address) 18, BURIAL, CREMATION.

(State or country)

16. BIRTHPLACE (city or town) (State or country)

Male

HUSBAND of

(or) WIFE of

pluods

What test confirmed diagnosis?_ 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury______ 19.

Where did injury occur?... (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury

Name of operation.....

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

If mor blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis . A	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	47)
county of rederick	Registration Dist. No. 139
Village or City State Sanatorum	No. M.C. St., Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary M. Ho	use
(a) Residence: No. SANA: (Usual place of abode)	TOSE UM Ward. Burkelsville Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS, MI	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 193 4
The state of the s	(Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet i ettended deceased from
	Jan 10, 1934, to 12, 1934
6. DATE OF BIRTH (month, day, and year) July . 3. 1880	Flast saw h_21 elive on
7. AGE Years Month ODays If LESS than	to have occurred on the date stated above, et. 7: 10.7:_m.
53 6 9 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, 7	
SAWYER, BOOKKEEPER, etc.	adens-Carcinoma
Mindustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	of Lung, Brimary
O Top Date deceased last worked et 11. Total time (yeers)	growth Umanoun
this occupation (month and year) spant in this year occupation	e
12. BIRTHPLACE (city or town) - Maruland	Other Coatributory Causes of Importance;
(State or country)	my bal Alexand
13. NAME GO ITVE R. House	7,00000
13. NAME STUVE & . House 14. BIRTHPLACE (city or town) Many and .	Neme of operation.
4 14. BIRTHPLACE (city or town) Colly (State or country)	1 0 5
IS. MAIDEN NAME WOOLING Dill and	Whet test confirmed diegnosis? Was there en eu'opsy?
H A C	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
Stete or country)	Accident, suicide, or homicide?
Man M. House Co. 1	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT / COM CONCENTION (Address) But to the outline of the concentration of the conce	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A COLOR	Menner of injury
Place Burkettsville Date Jan. 13 1934	Nature of injury
1000 . 40 . 1 Rail 0	1.43
19. UNDERTAKER YVV	24. Wes disease of injury in any way related to occupation of deceased?
1/10	(Signed) Lewart & Shaffer M.D.
20. FILED. Pegistrar.	(Address) State Sanatorum md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	C. San	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Change interestitial manifestion	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FER 5 19	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S.			
The state of the s	-19		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUDUALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1984			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		¥	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00453	
1. PLACE OF DEATH	(2)	
county of rederick	Registration Dist. No. 139	
Village or City State Sanatorum	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos.	10 ds. How long In U.S. if of foreign birth?ds.	
2. FULL NAME WY AND THE COLOR OF A	sda	
(a) Residence: No. 924 M Charles GANAI	St., Ward. Ballo M. Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Morth) (Day) (Yedr)	
59. If married, widowed or divorced HUSBAND of (or) WIFE of Amels Lasola	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) UML 6. 1897	I last saw h. A alive on	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2.40 Am.	
36 6 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8 Trade profession or particular	Date of onset	
kind of work done, as SPINNER, Jousewife	ρ ρ σ σ σ	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the content of the	Julmonary Interculous	
SAW MILL, BANK, etc		
x this occupetion (month and Feb 1933 spant in this 1840		
12. BIRTHPLACE (city or town) 9 llinois	Other Coutributory Causes of importance:	
(State or country)	Interculary Lampartin	
II 13. NAME LOUIS LISU	17700 000000000000000000000000000000000	
13. NAME LOWS Liby 14. BIRTHPLACE (city or town) B. ohemia	Name of operation	
(State or country)	What test confirmed diagnosis? Churt X ruy + Ros - Was there an autopsy? No	
15. MAIDEN NAME antonette sharanek	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME (Whomette Shepanek) 16. BIRTHPLACE (city or town) Bohema	Accident, suicide, or homicide?	
∑ (State or country)	Where did injury occur?	
17. INFORMANT ama Kasda (on admission) (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Dal Lo. M. M. Oatgurlings	Neture of injury	
19. UNDERTAKER M. L. Creaface. (Address) Thurmon J. M.	24. Was disease or injury in eny way related to occupation of deceased? W	
20, FILEO	(Signed) & lewar & Maffer M. D. (Address) State San a torum my	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1934			
Other contributory causes of importance;	/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

1. PLACE O				82-a)	UX
County	Frederick			Registration Dist. No. 132	
Village or	City near Middle	etown		No. St.	Ward
				f death occurred in a hospital or institution, give its NAME instead of street and number	r) .
				sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NA	AME Robert And	erson Kefa	uver		
(a) Reside	ence: No. Misselli	Usual place of	abode)	St., Ward. If nonresident give city or town and State	
PERSO	NAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE white	5. SINGLE, MARRI OR DIVORCED WICOWET	IED, WIDOWED, (write the word)	21. DATE OF DEATH January 22, 193	4.
5a. If married, widowed, or divorced HUSBAND of Alta Kepler (pr) WtFE of Alta Kepler				22. I HEREBY CERTIFY, That I attended decease 19 1934 to Jan 2/	ed from
6. DATE OF BIRTH	(month, day, and year)	May 31, 18	61	Hastrawhica aliva on Jan 21 1934; deat	h is said
7. AGE Ye	ears Months	Days	If LESS than	to have occurred on the data stated above, at 6.20A m.	
7	72 7	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Farmer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this oecupation (month and year) spent in this year)				cerebra Hemmohang Ja	of on set
12. BIRTHPLACE (city or town) Maryland (State or country)				Other Contributory Causes of importance:	
13. NAME	Jacob Kefauver				
H 14. BIRTHPLAC		Maryland		Name of operation None Date of Was there an autops)	17
15. MAIDEN N	AME Lenora Cobl	entz		23. If death was due to external causes (VIOLENCE) fill in also the following:	
	CE (city or town) Maryl	and		Accidant, suicide, or homicide?, 1 Where did injury occur?, 1	9
17. INFORMANT (Address)	Mrs. G. M. Eag runswick, M		*******	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
	ATION, OR REMOVAL	11-11-11-11		Manner of injury Low	
Place Mic	dletown, Md.		24, , 1934	Nature of injury	
19. UNDERTAKER (Address)	M. R. Etchiso Frederick, Md			24. Was disease or injury in any way related to occupation of deceased?	
20. FILED	22,19840,	Trayroa	Registrar.	(Signed) Serves Harp	M. D.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

of plnods

item

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIPLATY S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE (OF MAR	YLAND-	CERTIFICATE	OF DEATH	HUMAEC
1. PLACE O	F DEATH		43494		ALL PRIVATED TO SERVICE	00456
-	rederick City Frederick	**********	the 'the	(136) Co. L. Marie (136)	Registration Dist.	
		<i>A</i>	1	death occurred in a negpital or in	stitution, give its NAME inste	ead of street and number)
	idence in city or town where		0	How long in U.S.	. if of foreign birth?	_yrsds.
	ME Mrs. Alta		ght	*		
(a) Residen	ice: No. 320 Chape	(Usualplace	e of abode)	St.,Ward.	If nonresident give	city or town and State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married				21. DATE OF DEAT	H January (Month)	8th. , 1954 (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	charles S. Ki	night		22. IHERE		(Day) (Year) That I attended deceased from
6. DATE OF BIRTH	(month, day, and year) [Jnknown	18-94	I last saw h_OTalive on	, 19.3. 7, to	, 19 death is said
7. AGE Yea		Days	If LESS than	to have occurred on the date s		
39) X	1 1	l day,hrs.	The PRINCIPAL CAUSE OF D were as follows:	EATH and related causes of i	1
8. Trade, profes	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	Damanti				Date of onset
9. Industry or	business in which	Domesti House wo		Gante 1	3	
SAW MIL	s done, as SILK MILL, .L, BANK, etc				Dan Star	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation						
12. BIRTHPLACE (cit (State or cour	ty or town) Maryle	ınd		Other Contributory Canses of i	mportance:	
13. NAME ON	en Diggs.	•				
-	(city or town) ary	rland.		Name of operation What test confirmed diagnosis	, —	Date of
15. MAIDEN NA	ME Ruth Ross.			23. If death was due to external		
16. BIRTHPLACE	(city of town)	yland.		Accident, suicide, or homicide?		
17 INFORMANT	chas. S. Knigh Frederick, Mo			Specify whether Injury occurre	(Specify city or town, ed In INDUSTRY, In HOME, o	county and State) or in PUBLIC PLACE.
18. BURIAL, CREMAT	01/4	Wate Jan	N-10,1934	Manner of injury		
19. UNDERTAKER M (Address) F	R.Etchison & rederick, Md.	Son.		24. Was disease or injury in an		of deceased?
20. FILED 9 - January	(, []	Ime	Cuely Registrar.	(Signed) (Address)	J. Uno	M.D.
7	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore,		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
f and the second			
Other contributory causes of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MADVI	AND-	CERTIF	CATE	OF	DEATH
SIAIL	OF.	MARYL	AND-	CERIII	CALL	UF	DEATH

1	PLACE OF DEA		OF MARY	YLAND—	CERTIFICATE O	of DEATH U	0457
-	County Frede				100-0	Registration Dist. No. 14	14
	Village or City	reagers	town		No.	registration Dist. No.	Ward
					death occurred in a hospital or institution		d number)
					ds. How long in U.S. if of fo	orelgn birth?yrs	_mosds.
2.	FULL NAME	Great	zerstown	rine Kol			
	(a) Residence: No	0_046	(Usual place of	of abode)	St., Ward.	If nonresident give city or town a	and State
	PERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CER	RTIFICATE OF DEATH	
3. SEX Female White 5. Single, Married, Widowed, OR DIVORCED (write the word)					21. DATE OF DEATH	(Month) I9ta	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of Wm. G. KOlb						CERTIFY, That I attend	
6. D	ATE OF BIRTH (month, da	v. and year)	ec. 6th.	T850	last saw h her alive on M	in 19 19 7	4_: death is said
7. A		Months	Days	If LESS than	to have occurred on the date stated e	ebove, at5Em.	7 7
	83	I	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and ralated causes of importance	Date of onset
NO	8. Trede, profession, or pa kind of work done, SAWYER, BOOKKEE	articular as SPINNER,		US COLUMN TO SERVICE OF SERVICE O	acute 2ro	nelutes	Jan 16
AT	9. Industry or business in	PER, etc	Own hor				
5	9. Industry or business in work was done, as SAW MILL, BANK,		Own Hon				
8	10. Date deceased last work this occupation (mo year)	rked at nth and Dec	32 11. Total tir	ne (years) t in this 50			
					Other Contributory Causes of importa	ance:	
12. BIRTHPLACE (city or town) Creagerstown. (State or country)							
ER	13. NAME Peter	Hanke	. V			~	
ATH	14. BIRTHPLACE (city or to			vn.	Name of operation	Dete of	
~	(State or country)		Mg		What test confirmed diagnosis?	Was thera e	n autopsy?
	15. MAIDEN NAME		unn Krise	9	23. If deeth was due to external causes	s (VIOLENCE) fill in elso tha follow	ing:
Q W	16. BIRTHPLACE (city or to (State or country)	own)	odsboro Md		Accident, suicide, or homicide?	Date of injury	, 19
(State or country) Chas. P. M. Kolb (Address) (Address) (State or country) Mu Chas. P. M. Kolb					Where did injury occur? Specify whether injury occurred in if	(Specify city or town, county and S NDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18.	BURIAL, CREMATION, OR F				Manner of injury		
	Place_Crease			4	Nature of injury		
19. (UNDERTAKER	L. Cr	-	Bon.	24. Was disease or injury in any way	related to occupation of deceasad?_	
20. 1	FILED Jan. 21	1934 a	nna M.	Registrar.	(Signad) August (Address) J. August (Address)	young achain m	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

The T

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Evample II

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	· ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ITH UNFADING INK--THIS IS A PERMAN WRITE PLAMLY, zi Zi

BINDING

FOR

MARGIN RESERVED

No. 1

αġ

	0.6.45.0
PLACE OF DEATH	STATE OF MARYLAND
County Frederick	② CERTIFICATE OF DEATH
	Registration Dist. No. / 35
Village or City M. Cellertono.	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	SCLO Control (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	
7 AGE / Selforn If LESS than I day	and that death occurred on the date stated above, at
yrs. mos. ds. or min.	A A A A A A A A A A A A A A A A A A A
8 OCCUPATION (a) Trade, profession or particular kind of work	Dead where ton,
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF Ledgar Jeathern	(Signed) RV Hales M. D.
OF FATHER (State or country) Manyland	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Edna Brandentu	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Edgarfeatherma	Former or usual residence
(Address) Myersville ma	Grossnickles Cameter Jan 8, 1934
15 Filed Jam 9 1924 Charles L. Leatherma	Bittle Bros Myersville
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S/ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Sulesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the or intercurrent) affection need not be ass important. Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 ä of OCCUPA.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 00433
County Frederick	Registration Dist. No. 138
Village or Citylage, Kemptown.	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Marrie Mable Lo	on.
(a) Residence: No. Mr. Alemptana. (Usua) place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 , 193 (Month) (Oay) , 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
C DATE OF BIRTH (See)	last saw her alive on an 200, 1934 death is said
6. DATE OF BIRTH (month, day, and year) Suby 5th / 777 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
56 6 6 1 day,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11 Trital time (years)	nephrites 14
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	aga
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation — 1. 4. 4. 4. 4. 6. 70.	2
12. BIRTHPLACE (city or town). Fre directs to overty. (State or country)	Other Contributory Causes of importance:
E To I I I I	
(State of country) Wary Land	Whet test confirmed diagnosis? When the confirmed diagnosis? When the confirmed diagnosis?
15. MAIOEN NAME Rosama. Thompson. 16. BIRTHPLACE (city or town) Ireducids to overty.	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Robert Louis Son	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Khaavrovia Wat	
placegonat Hill Convertage Oate Jan 23, 1934	Manner of Jnjury
19. UNDERTAKER W. Entralconer:	24. Was disease or injury in any way related to occupation of deceased? No
(Address) New Market, Mai	If so, specify
20. FILED Jan 23 , 19 34 Lucian & Falconer Registrar.	(Signed) Once P. Roak M. D. (Address) New Warter Wids
Kegiirar,	(Acutess)

CTATE OF MADVIAND CEDTICICATE OF DEATH

111111111

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage The principal causes of importance of importanc	
Chronic interstitial nephritis 1921 Run over by Cerebral hemorrhage July 5,1927 Peritonitis	
Cerebral hemorrhage July 5,1927 Peritonitis	street car 1 week ago
FEB 5 100%	3 days ago
Other contributory causes of importance: Other con	tributory causes of importance:
Gallstones May 1,1923 Gastroenter	itis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (16460)
1. PLACE OF DEATH	23
county Frederick	Registration Dist. No. 139
Village or City State Sanatoum	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs 5mgs.	
2. FULL NAME Trances Helen Le	Sneski
(a) Residence: No. 1 3 TUBERCULOSIS SANAT	ORIUM Ward. Balto Ind
STATE (Chairpage of obster) MD	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word)	21. DATE OF DEATH (Mohth) (Day) (Year)
5a! If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) CADAL - 1916	I last saw h en alive on Jam 7 19.34: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.10 A
17 9 mhas 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and on the state of the state	Bulmonary Werculosis
D. Date deceased last worked at this occupation (month and May 1933) year) 11. Total time (years) spant in this 3 year)	
12 PIRTURI ACE CALLAND MARKET AND A CARACTA	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME anthony Lesneski 14. BIRTHPLACE (city or town) Boland.	
14. BIRTHPLACE (city or town) Boland.	Name of operation
(State of County)	What test confirmed diagnosis? Live t May + 6 a. Was there an autopsy? No
15. MAIDEN NAME Lillan dranklin	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lillian Franklin 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
Francest Personali Con la min	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 132 Hull St. Balto Md.	popular injuly occurred in Industri, in nume, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Will Date with the	Nature of Injury
19. UNDERTAKER M. L. Cre a gyft (Address) That because	24. Was disease or injury In any way related to occupation of deceased?
20. FILED /8/3/0, 19	(Signed) Alway S. Shaffer M. D.
Registrar.	(Address) Hate banabulin Yhd.
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To he complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.-The industry or business in which the work was done.

BUREAUV. 8. 10.—The month and year the deceased last worked at the occupation, 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- Alia
County Trederick	Registration Dist. No. 13 4
Village or City les Enuntaburg	NoSt.,Ward
Length of residence in city or town where death occurred 2 2 yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Clara Eliurs	Lous
- (+ 1	St., Ward.
(a) Residence: No. Mr. Liminul Music (Usual place of a pyde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wedowie L	21. DATE OF DEATH / - /8 , 193 / (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Joseph 14. Long	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sec. 27 1858	I last saw head alive on 1-18 = 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 420m.
75 0 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or perticular kind of work done, es SPINNER,	arteriosclerosis - severalys ago
SAWYER, BOOKKEEPER, etc.	Chrome myocarditio - " "
work was done, as SILK MILL, Own Home	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 5 occupation 254	
12. BIRTHPLACE (city or town) builtaburg	Other Contributory Causes of importance: Okronic Fassing Congestion of lunes
(State or country), such	c termial bulinoner celego 3 day
13. NAME Harvey Winters	76
13. NAME Harvey Wenters 14. BIRTHPLACE (city or town) Bactimore	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis aline elevane Was there an autopsy? No.
15. MAIDEN NAME Joresa College 16. BIRTHPLACE (city or town) taking	23. If death was due to external causes (VIOLENCE) fill in also the following:
(Stete or country)	Accident, suicide, or homicide?
Po O R	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Adward of a Cud	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place tremitaling led Date you 20, 19 54	Nature of injury
19. UNDERTAKER W. To Shiff Is well	24. Was disease or injury in eny wey related to occupation of deceased? 400
20. FILED fan 20=, 1934M. F. Shuff Registrar.	(Signed) Wt R. Caelle M. D. (Address) Summably Med.
The many blanks are medad address Core Design	N. C. J. C B. C B. C. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

10

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNGATIN			
Other contributory causes of importance		Other contributory causes of importance:	10 11
Gallstones	May 1,1923	Gastroenteritis	1 year
		ţ	

V. S. No. 1 ä of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00463
1. PLACE OF DEATH	(93°C)
county Frederick	Registration Dist. No. 144
Village or City Thurmont	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Elis abeth I Louis	3,13,13,13,13,13,13,13,13,13,13,13,13,13
(a) Residence: No. A Thurmont	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE France OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) May 19-1856	I last saw h 22 alive on 25 , 19.5 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at // m.
87 8 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Chronic Indocustil; Date of onset
SAWYER, BOOKKEEPER, etc.	Chronic artirial & clerain
S. Industry of Dusiness in Which work was done, as SILK MILL, SAW MILL, BANK, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation /	
Maria	Other Coule butory Causes of importance:
12. BIRTHPLACE (city or town) / Lawy	Addition of Brownia
13. NAME (Phillip Mathias	Street how A Al Dans
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Elecurit Africanell	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) MA	Accident, suicide, or homicide? Date of Injury
(State or country)	Where dist injury occur?
17. INFORMANT Cleans on Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury ←
Place U/MMMMU Date Jam 28, 1934	Nature of injury
19. UNDERTAKER Stiller did Coruges (Address) Thursday Med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Jan. 28, 1934 Anna M. Jones Registrar.	(Signed) Morres abell M. D. (Address) Character M. D.
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FED 1 1804	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	948
County Frederick	Registration Dist. No. 144
Village or City Thermont (IF	NDSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	13. ds. How long in U.S. if of foralgn birth?
2. FULL NAME VErmon Claude	Loy
(a) Residence: No. a Murus and (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nor 44 /879	I lest saw h an alive on fam 1924; death is said
7. AGE Yaars Months Days 1 If LESS than	to have occurred on the date-stated above, at 4 90m
54 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanco wera as follows:
2 Trade profession or particular	Coronary Thrombosis Date of onset
kind of work done, as SPINNER, Regarden of Way	177-04
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc SAWYER, BDDKKEEPER, etc SAWYER, BDDKKEEPER, etc SAW MILL, BANK, etc SA	
SAW MILL, BANK, etc. Personan Edia and CO 10. Date daceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
	Dither Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Marelland	Chrome listenal o dersen 1724
13. NAME TO THE STATE OF THE ST	Cold The Viale
13. NAME Servin M Loy 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Ly Was there an autopsy? 2
I 15. MAIDEN NAME Elizabeth a Mothia	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stata or country) Mariland	Where did injury occur?
17. INFORMANT Topens Tope	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, er In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Thurmont Date Jan 20, 1934	Nature of injury
19. UNDERTAKER Killfyde Worleger (Addiess)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED James 19. 1934 ama M. Pores.	(Signed) Horris W. Burey M. D. (Address) Thurus Hold
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Pcritonitis	3 days ago
6		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.—

1. PLACE OF DEATH County In deed of St., Village or City Mounter Hospital (If death occurred in a horpital or institution, give its NAME instead of street and not the street and not to have occurred in a horpital or institution, give its NAME instead of street and not to have occurred in a horpital or institution, give its NAME instead of street and not to have occurred in a horpital or institution, give its NAME instead of street and not to have long in U. S. if of foreign birth? 9. If married widowed, or divorced HUSBAND of (Usual place of abode) 1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. DATE OF DEATH 1. OBJACE OF BIRTH (month, day, and year) 1. AGE Years Months Days If LESS than lady, hrs. of the principle of the properties of the principle of the properties of the principle of t	osds. State
Village or City. Working the second of the s	number) osds State
Village or City Wonterne Hospital of Mo. Length of residence in city or town where death occurred yrs. mos. 7 ds. How long In U.S. if of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 2. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Village or City Wonter in a horpital or institution, give its NAME instead of street and no in a horpital or institution, give its NAME instead of street and no institution	number) osds State
(If death occurred in a horpital or institution, give its NAME instead of street and most and street and most are street and m	number) osds State
2. FULL NAME (a) Residence: No. (b) St., Ward. (C) St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY, That I ettended of the day stated above, et 7 mm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	State , 193 3 44
(a) Residence: No. Substituting Medical St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 21. DATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY, That I ettended do 1934, to 1945 and saw h alive on 1934, to 1934, to 1934, to 1946 person of cartifular. 1 S. Trade profession of cartifular. 1 S. Trade profession of cartifular.	, 193.34
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Month) (Day) 22. 1 HEREBY CERTIFY, That I ettended of the state of th	, 193.34
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I ettended decorate to have occurred on the date stated above, et 7 m. 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY. That I ettended decorate to have occurred on the date stated above, et 7 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	, 193.34
Male Colned OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I ettended of 1974, to 1984 saw has alive on 1974, to 1974. 6. DATE OF BIRTH (month, day, and year) Jel 21, 87 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 2 2 8 Trade profession of carticular were es follows: 18 Trade profession of carticular were es follows:	, 133
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I ettended decomposition of the data stated above, et 7. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	(Year)
6. DATE OF BtRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	deceased from
7. AGE Years Months Days If LESS than to have occurred on the date stated above, et 7 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	19.34
2.2 8 19 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	; death is said
8 Trade profession or particular	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	Date of onset
	June 17:
CAW Mill BANV	
SAW MILL, BANK, etc	
this occupation (month and 933 spant in this year) coupation. Home	
12. BIRTHPLACE (city or town) Wangland	
(State or country)	
I 13. NAME Josuals Sucas	
13. NAME Josuale Sucas 14. BIRTHPLACE (city or town) Manyland Name of operation Date of	
(State or country) What test confirmed diagnosis? Was there an au	Utonsy?
15. MAIDEN NAME & Carlotte Halle 23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Charlet Halle 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury.	
Where did injury occur?	
(Specify city or town, county and State) 17. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address)	ICE.
18. BURIAL CREMATION, OR REMOVAL Manner of Injury	
Place Wowlevue Semely Date Jan 12, 1934 Nature of injury	
19. UNDERTAKER James. C. Jones Sund. (Address) Working Hornital Just K. W.d. If so, specify.	(m)
20. FILED // Joury 19 34 = 20 Million (Signed) (Signed) (Address) Frederick	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2//	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ft. ,		
11 19 18		

County Grederick	3
Village or City Near Fountain Mills	Registration Dist. No. 139
(II	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Au (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, and	I last saw h alive on, 19, 19; death is said to have occurred on the dale stated above, atm.
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Some at 11 P. M.,
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) SAW MILL, BANK, etc 11. Total time (years) spent in this occupation.	Other Contributory Causes of importance:
13. NAME Forest Emely yes 14. BIRTHPLACE (city or town) Montyonery 60 (State or country) Warfyland	Name of operation Date of
15. MAIDEN NAME Nettie Marie Hackey 16. BIRTHPLACE (city or town) Frederick to (State or country) Maryland 17. INFORMANT (Address) New Warket Med	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Mary Same Left Date Date 19, 1939	Manner of injury
19. UNDERTAKER If the Drus delta & Any (Address) Topical was 20. FILED June 19 1934 40 Amelica fra	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Wasket M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00407
County Milderigh	Registration Dist. No. 144
Village or City plan Gimlown	No. St., Ward
1/ //	death occurred in a hospital or institution, give its NAME instead of street and number) ds
2. FULL NAME TOLUTA W. M.	artin
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White married (write the word)	January 3/ 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Classacth Stupe	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 5/4/87\$	19
7. AGE Years Months Days If LESS than I day	to have occurred on the date stated above, atm.
39 0 06 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harrister SAWYER, BOOKKEEPER, etc.	Dild Middleyly
I Industry or business in which	was also want
work was done, as SILK MILL, Carming 4	Parts of death alike to love De 71
10. Date deceased last worked at an 3 (M) 1. Total time (years) spent in this	Man 1 1130
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Total (State or country)	
13. NAME Varrey a. Martin	
14. BIRTHPLACE (city or town) Jackson Color	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Company Synth	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Landy Rudge	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MA Collegabeth Marks (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plage land plantagnodate 7 1934	Nature of Injury
19. UNDERTAKER M. J.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Felt, 3, 1934 Ama MI Janes	(Signed) A. D. Journy M. D.
Registrar. If more blanks are needed address Seets Position	(Addiss) J. D. C. L. M. Charles Street, Baltimore, Requesting O. S. No. 1.
-, more vannes are necucu, accures State Registrat,	1411 11. Chaires Street, Dattmore, Kequesting 'O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	2
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

the was dead	PACE FOR FURTHER S	STATEMENTS BY PHY	SICIAN Ly said be
complained of in	digestion 6	leving the	elday bild
while milling of	tist pupils	indicate	l'applery
//		(/	10/
V	/	U	

IARGIN RESERVED FOR BINDING

County Tributed Colors of the State of Country State of Colors of the State of Country Stat	1. PLACE OF DEATH	2.0
Length of residence in city or town where death occurred yrs	county orederick	Registration Dist. No. 139
Length of residence in city at town where death occurred. (a) Residence: No. (b) Residence: No. STATUMBLAND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORED Own Dewned of Or DIVORED Own Dewned of Or DIVORED Own Dewned of Or DIVORED Own Dewned Own Dewne		
(a) Residence: No. STATU-GLABLE AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE B. SINGLE MARRID, WIDOWED, OR DIVORCED (wine the word) 4. COLOR OR RACE J. DATE OF DEATH J. DATE OF D		
(a) Residence: No. STATUSIANE AT BOOK IN MARKED WINDOWSD. S. S. WELL MARKED WIDOWSD. OR DIVORCED Currie the word) S. SINGLE MARKED, WIDOWSD. OR DIVORCED Currie the word) S. If married, widowed, or divorced HUSSAND (Day) T. AGE Years Months S. SINGLE MARKED, WIDOWSD. OR DIVORCED Currie the word) S. If married, widowed, or divorced HUSSAND (Day) T. AGE Years Months S. If LESS than S. If LESS than the word was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. S. Industry or business in which were as follows: D. Industry or business in which were as follows: D. Industry or business in which were as follows: D. Industry or business in which were as follows: D. Industry or business in which were as follows: D. Industry or business in which were as follows: D. Industry or business in which were as follows: D. Industry or business in which were as follows: D. Industry or business in which were as follows: D. Indust	My miles In In.	1
PERSONAL AND STATISTICAL PARTICULAR PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH S.S.INGIE, MARKIED, WIDOWED, OR DIVORCED (write the word) ON. If married, widowed, or divorced HUSBANO, or divorced (write the word) ON. If married, widowed, or divorced (write the word) ON. If married, widowed, or divorced (write the word) E. DATE OF BIRTH (month, day, and year) O. DATE OF BIRTH (month, da	HARYLAND TUBERCULUSTS SAI	St Ward Massey Iden & Co. ma
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S. If I married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Ags II LESS than 1 day, hrs. or min. 8. It lest saw h alive on 27, 19.3 47, death is said to have occurred on the date stated above, at 30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and Musture spant in this scampation (month) and Musture spant in this spant in this scampation (month) and Musture spant in this spant in this scampation (month) and Musture spant in this scampation (month) and Musture spant in this spant in this spant in this spant in this scampation (month) and Musture spant in this spant in this scampation (month) and Musture spant in this scampation (month) and Musture spant in this scampation (month) and Musture spant in this spant in this scampation (month) and Musture spant i	STAT(U: GIANE) A TEORIUM,	MD. If nonresident give city or town and State
SN. II married, widowed, or divorced HUSBAND (Day) SN. II married, widowed, or divorced HUSBAND (Day) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Months		
HUSSAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Way 7. 1907 7. AGE Years Months 2 If LESS than 1 day,	3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Solva If LESS than 1 dayhrs. On It also saw h. L. alive on	HUSBAND of	22 1 1 HERERY CERTIEV That I attended descreed from
6. DATE OF BERTH (month, day, and year) 7. AGE Years Months S If LESS than 1 day	(or) WIFE of	10. 42 5 33 (10 27 711
7. AGE Years Months Ds If LESS than 1 dayhrs. or	6. DATE OF BIRTH (month, day, and year) Way 7, 1907	000000000000000000000000000000000000000
B. Trade, profession, or particular were as follows: Sawrer, Bookkeeper, etc. South Meleyer Sawrer, Bookkeeper, etc. Sawrer, Etc. Sawrer, Bookkeeper, etc. Sawrer, etc. Saw	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30 P.m.
8. Irade, profession, or particular kind of work done, as SPINNER. BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) State or country) 13. NAME Clarence Washington occupation with the company of the contributory Causes of Importance: 14. BIRTHPLACE (city or town) Maryland. State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Maryland. State or country) 17. INFORMANT M. Lowell Mashington and State or country 18. BURIAL, CREMATION, OR REMOVAL Manner of injury		word as follows:
Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Occupation Other Coutributory Causes of Importance: Other Coutr	8 Irade, profession, or particular kind of work done as SPINNER. When the second secon	Date of conset
Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Occupation Other Coutributory Causes of Importance: Other Coutr	SAWYER, BOOKKEEPER, etc.	DO THE
Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Occupation Other Coutributory Causes of Importance: Other Coutr	work was done, as SILK MILL,	1 umovary muculous
Other Contributory Causes of Importance: Tatal Pulmon dry Henry Mage 13. NAME Clarence Washing 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT M. Lawely Lent Co. admission (Address) (Address) Manner of injury	10. Date deceased last worked at this occupation (month and year) 11, Total time (years) spant in this occupation the second spant in this occupation the second se	
(State or country) 13. NAME Clarence Manuary State Specify city or town) Manuary Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 13. NAME Clarence Manuary State Specify whether injury Specify Specify	No	Other Coutributory Causes of Importance:
What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Manner of injury What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Where did injury occurr? Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.		Fotal Rulana at the water
What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Manner of injury What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Where did injury occurr? Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	# 13. NAME Clarence Maslin	Oasa gunnary mage
What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Manner of injury What test confirmed diagnosis? CALLA TAMP. You was there an europsy? Mo 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Where did injury occurr? Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	14. BIRTHPLACE (city or town) Maryland.	Name of operation
17. INFORMANT M. Louise Malin (on admission) (Address) Wassey Yent Co. Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury	(State of country)	What test confirmed diagnosis? Child X 144 Y-P. Was there an europsy? NO
17. INFORMANT M. Louise Malin (on admission) (Address) Wassey Yent Co. Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury	I 15. MAIDEN NAME & dith Hudson	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
17. INFORMANT M. Louise Malin (on admission) (Address) Wassey Yent Co. Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury	5 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT M. Jours L. V. Washington admission Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Washington Co. Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury	(State or country)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Manner of injury		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
mainer of mjury		
Place VV (ASSEM) VV// Oate VVV VVOUTEN	Place Massey Md Oate unknown	
nature of injury	10. 10 D	4 1
19. UNDERTAKER I I Company in any way related to occupation of deceased.	10	24. has disease of injury in any way related to occupation of deceased?
(Address) humoful ha. If so, specify (Signed) a lway A. Shaffer M. D.	The state of the s	
20, FILED (Address) State Sana torum		1 + 7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
FEB 5 1934			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

mation

m

should

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of opast

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyria, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 2 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
15 3 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

and the second s	N.A.	1 4

1. PLACE	OF DEAT	TH	***		(3)	,
County	Fred	lerick			Registration Dist. No. / 3/	
Maria Ing	or City		ick		No. Montevue Hospital St., Wa If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos.	rd ds.
	NAMEN	7	ence Dore	eadamae Mul		
PERS	ONAL AN	D STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single				D (write the word)	21. DATE OF DEATH January 28 193 4 (Yest)	
5e. If married, widowed, or divirced HUS DAND of (or) WIES-of 6. DATE OF BIRTH (month, day, end year) November 11, 1872					1 HEREBY CERTIFY, That I ettended deceased from 1934, to Jany 7 6, 1934; death is so	4
7. AGE 6]	Years profession, or paid of work done,	Months 2 articular	0ays 17	If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:30 Pn M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Our onic Intuition Rephrition Date of one 2. 900	ot
9. Industry wor SAV 10. Date do this year	yyer, BOOKKEE y or business in k was done, es S y MILL, BANK, o eceased lest wo occupation (mon	PER, etc	503	ime (years) nt in this Life	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) (Stete or country) Maryland			yland		Afghutuman 235	
13. NAME G.H. Mull 14. BIRTHPLACE (city or town) (State or country) Maryland					Neme of operation Dete of	
f5. MAIOEN NAME Martha Getzendanner f6. BIRTHPLACE (city or town) (State or country) Maryland				ner	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Miss Alice V. Mull (Address) Frederick, Maryland 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date 1/36/34, 19			. Mull ryland	3 \$ /3 4 _,19	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury	
19. UNDERTAKER M.R. Etchison & Son (Address) Frederick, Maryland 20. FILED 2/- / American 1924 Frederick				elewy Registrary	24. Was disease or injury in any way related to occupation of deceased? The	. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II-		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00471
1. PLACE OF DEATH	
County FREDEVICK	Registration Dist. No. 145
Village or City MUERSYILE Md	NoSt.,Ward
(fi	death occurred in a hospital or institution, give its NAME instead of street and number) Outside How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Abortion (3 mo de	eralian) Mers
(a) Residence: No. (Usual place of abode)	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBATIO OF allow of sales	22. I HEREBY CERT I FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1 / Day 19-1934	I last saw haliye on death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Morine. Akwasupalita
9. Industry or business in which	OF O
work was done, as SILK MILL, SAW MILL, BANK, etc	FlaceNtal Altachment
O 10. Oate deceased last worked at this occupation (month and year) spant in this occupation corupation occupation	
12. BIRTHPLACE (city of town) V MUEYSYILE Md	Other Contributory Canses of importance:
(State or complex)	Cutarile Filzs
13. NAME ATRACESOU MUCK.	- Cuality 11/10
13. NAME A races ou My 13. NAME A races ou Mejers will will will will will will will wil	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME ARBELY SCHTOUSE Y 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, f9, f9,
E (State or country) ////Respelle	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jarachy Meleck Soulle Me	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hace E Oate 1-20 1934	Nature of injury
famile	24. Was disease or injury in any way related to occupation of deceased?
19, UNOERTAKER Tausly (Address)	If so, specify
20. FILEO Jan. 20, 1934 William & Wachtel	(Signed) Daterd M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. SNO. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
40	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
----------------------	---------	------------	------------------------	-----------

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy *	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
FER 5 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		7	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

state

pluods

V. S. No. 1

2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1011474
1. PLACE OF DEATH	92:00
County I rederich	Registration Dist. No.
Village or City Judenic C 1802 Com	NO. St., Ward street and number) St. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where death occurredyrsmo	s
2. FULL NAME Quedras & Do	
(a) Residence: No. 4. 7. 16 livelasts alle	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH
Mare Edition paragles	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. INHEREBY CERTIFY, That I attended deceased from
mloom	1-31,100 /- 2),194 5
6. DATE OF BIRTH (month, day, and y	I last saw h ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and	Enchac and till
SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
H 13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME / Daniel / 14	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Off 1, As 1814 Date 19	Manner of injury Nature of injury
1212 + x/J-1	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20 545031- Com 1034 I Amol. 1	(Signed) . S . M. D.
Registrar	(Address)
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUNCLE V. S.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20, FILED

(Address)

STATE OF MARYLAND—C 1. PLACE OF DEATH County Fullingk Village or City Brunner	CERTIFICATE OF DEATH Registration Dist. No. 14/
The state of the s	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored OR DIVORCED (write the word)	21. DATE OF DEATH an Superior (Year)
Sa. If married, widowed, or divorced. HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE	22. I HEREBY CERTIFY, That I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
14. BIRTHPLACE (city or town) - frequency (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Whet test confirmed diagnosis? Wes there an autopsy? 23. If death was due to externat ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?__

If so, specify ______(Signed)_____

(Address) Brung Work

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I		Example II			
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	7.004	1914	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	FLD . 1	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

state

of OCCUPA-

3.

5a

6. 7.

OCCUPATION

certificate.

See instructions on back of

TION is very important.

Village Or City Frederick No. 48 E. South St., (If death occurred in a horpital or institution, give its NAME instead of street and numb Length of residence In city or town where death occurred 80 yrs. mos. ds. How long In U. S. If of foreign birth? yrs. mos.	
Length of residence in city of town where death occurred _QQ_yrsmosas. How long in 0.5. If of foreign birth?yrsmos	
2. FULL NAME Sarah Elizabeth Phebus	
(a) Residence: No. 48 E. South St. St., Ward. (Usual place of abode) If nonresident give city or town and State	è
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) January 1 (Month) (Day)	3_4
If married, widowed, or divorced HUSBAND of (or) WIFE of C. O. Phebus 22. I HEREBY GERTIFY. That I attended dece	19.35
AGE Years Months Days If LESS than to have occurred on the date stated above, at . 8:20 Am M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance.	ta of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, At Home SAW MILL, BANK, etc. At Home	Men
10. Date deceased last worked at this occupation (month and year)	
BIRTHPLACE (city or town) Maryland (State or country)	
13. NAME John P. Burrier	
14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'op	sy? mo

12.		(State or co	ountry)		Maryland	
ER	13.	NAME	John	n P.	Burrier	
FATHER	14.		CE (city or tow or country)	n)	Germany.	
IER	15.	MAIDEN N	IAME	Mar	y E marde	name
MOTHER	16.		CE (city or tow	n)	Germany	

7	what test confirmed diagnosis? was there an au opsy?_
Lum	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury19_

1		-	-	-	-	-	-	
,	Ī	Ī	Ī	Ī	Ī	Ī	Ī	
			,				2	S

19. UNDERTAKER	M. R.	Etchis	on &	Son	
(Address)	Fre	derick,	Md.		
		1. 1			

(Address) 48 E. S. St. 18. BURIAL, CREMATION, OR REMOVAL Mt. (
Place Frederick, Md.

O. FILED 2-		- /1	1 1	1 /	-
) (/	A	9 1/	1	1 6000	20.
n FILED O	and 1	907.	CORU	INN	11111
0. I ILLU 3C	JE A	V	A4 - V	20 - J. J. W	
1		,	A		Registrar.

Mahn W. Bowers, Jr.

Oliv

If so, specify

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Where did injury occur?_____

Nature of injury

(Signed)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

V. S. No. 1

of OCCUPA-

item of infor-

1. PLACE OF DEATH	3
County Frederich	Registration Dist. No. 144
Village or City 2w Jany 2001	No. St., Ward
Length of residence in city or town where death occurred	If death occurred in a horpital or institution, give its NAME instead of street and number)
MI gul	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME / Mangaret - C	7 01 00007
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
56. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Allen 9" 1934	I last saw h. alive on the first seid
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
O O O OrQ.min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this securation).	dord -
9. Industry or business in which work was done, as SILK MILL,	of deal Car
SAW MILL, BANK, etc	Liph - ton
this occupation (month and spant in this year) occupation	when darring dear
12. BIRTHPLACE (city or town) My Juney Mu	Other Contributory Causes of importance:
(State or country)	Juling smaroudaff.
13. NAME Albert M. Porticis 14. BIRTHPLACE (city or town). Leavely May	Majorighua
14. BIRTHPLACE (city or town) - Second Metro	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Taa I Morain	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where dis Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Lanta Md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lenne Love Date Jan 19.3.7	Nature of injury
19. UNDERTAKER alleget M. Rostner	24. Was disease or injury in any way related to occupation of deceased?
0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(Signed) Horris a Buel M. D.
20. FILED Jane: 7., 19.34 Mana M. Registrar.	(Address) Thermany Wed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RD. Every item of infor- YSICIANS should state statement of OCCUPA.	1. PLACE OF DEATH County The denicle Village or City Monteur Arapitul Length of residence In city or town where deeth occurred yrs. most 2. FULL NAME Balm Redman (a) Residence: No. The death of the second of	Registration Dist. No. /3/ No. St., Ward. Registration Dist. No. /3/ Registration Dist. No. /3/ No. St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
TT RE	3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH And Honth (Day) (Year)
HUSBAND of (or) WIFE of BIRTH (month, day, end yeer) The property of the profession of particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyer, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation when the particular companion. 12. BIRTHPLACE (city or town) (State or country)	22. I HEREBY CERTIFY, That I ettended deceased from 19.3. The principal cause of Date of onse	
WRITE PLAINLY, WITH UNFA lation should be carefully supplied AUSE OF DEATH in plain terms, TON is very important. See instri	13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER 19. OLCHIANUS (19.3)	Name of operation

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify _ (Signed)_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		
		Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If mor blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

should state of OCCUPA- STERNING CORPORATE

1. PLACE OF DEATH	95-2
· County Frederick	Registration Dist. No. 14/
Village or City Brunswick	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?mosds.
08 1 1 111.	B. The state of th
2. FULL NAME Charles franklu	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH) ALL 99
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND ot	
(or) WIFE ot	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BERTH (month, day, and year) Oct. 15, 1870	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atMm.
63 3 1 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER 10. 6 10 10	Date otonset
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which	a jose our to ve
work was done, es SILK MILL, Clerk in fund.	With any
0 10. Date deceased last worked at 11. Total time (years)	Our her fair
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) West Vinginia	Other Coutributory Causes of importance:
(State or country)	
13. NAME han Wonston Rice 14. BIRTHPLACE (city or town) - Hand June Louis	
4 14. BIRTHPLACE (city or town) - Hong free free free free free free free fre	Name of operation Dete ot
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME LAURA Waltons 16. BIRTHPLACE (city or town) - Theof Very price	23. It death was due to externat causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Heat Valg force	Accident, suicide, or homicide? Date of injury, 19
Margad M Rice	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Arthur h free (Address) Brunswich Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Brunsunch Date Jan 24, 1934	Nature of injury
19. UNDERTAKER C. N. Feete + Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Brunswick my	if so, specify
20. FILED Jan. 24, 1933 Mar. H. S. Hilas	(Signed) M. D.
Registrar.	(Address)B.R
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		T (*)	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IA	N
---	----	---

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND—	
1. PLACE OF DEATH	(13)
County Sielly	Registration Dist. No. 140
Village or City Howlshow mil	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME adam Ros	er
(a) Residence; No. Woodslow	St Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OSU 26 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Clina Delaplane	22. I HEREBY CERTIFY, That I attended deceased from march 28 1933 to 26 1934
6. DATE OF BIRTH (month, day, and year 10-186-1	I last saw h. Are alive on and 26 , 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.10 P.L.m.
86 / 7 / 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or nastray or	Date of onset
Kind of work doken SPINNER LE School	- Opronie Bright 1933
9. Industry or business in which work was done, as SILK MILL Zache	0
Kind of work dole, a SPINNER SAWYER, BOOKATEGER FOR 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Introduction (month and	
this occupation (month and year) spent in this 3-0	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	2
	Olrebral Upspleyy Days-
E	
14. BIRT HPLACE (city or town) State or country)	Name of operation Date of
W 15. MAIDEN NAME THORIS 9-11/07	What test confirmed diagnosis? Was there an autopsy?
E	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
4 1211	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) D	opening missing feedings in the service, in home, of introduce peace.
18. BURIAL, CREMATION, ON NEWOVAL	Manner of injury
Place Areas Date 129, 1934	Nature of injury
19. UNDERTAKER Powell & Albough	24. Was disease or Injury In any way related to occupation of deceased?
11.5	If so, specify (Signed) Le a Stulk M.D.
20, FILED / 2 8 , 1934 T. 6 Passella Registrat.	(Address) Ward stand Md
Acgurar.	(ruuress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S. //			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. A.	STATE OF MARYLAND—	CERTIFICATE OF D
state UPA.	1. PLACE OF DEATH	93-0
of CC	County Frederick	Regist
should of OCC	Village or Cityles Emultaling	No.
. 0	(110)	death occurred in a horpital or institution, give its
Every MANS ement	2. FULL NAME anna Ross	
0 3	(a) Residence: No. Summittslaura	St., Ward.
OH)	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If non
RE.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
F .	Thurse white widowed	(Month)
ZOE	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Rose	22. HEREBY CER
EXE.	6. DATE OF BIRTH (month, day, end year) aug 28-1852	I last saw Lex alive on
d E	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et.
IS A PE stated E properly certificate	81 4 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end relat were es follows:
HIS I be s be p	8. Trade, profession, or perticular kind of work done, as SPINNER, Retried SAWYER, BDDKKEEPER, etc.	arterioselviero
TH d p d p y p	9. Industry or business in which	Chrome Myses
Should it may n back	work was done, es SILK MILL, Horese dady	
1 1 0 T	- this occupation (month and	
NFADING Diplied. AGE strms, so that instructions o	year) occupation occupation	Other Contributory Canses of Importance:
ot ct	12. BIRTHPLACE (city or town) (State or country)	
UNFADING supplied. AG n terms, so the	13. NAME Linkunger	
U con to the tee	14. BIRTHPLACE (city or town)	Name of operation - None
	(State of country)	What test confirmed diagnosis
WI eful in p	15. MAIDEN NAME LINGUAGE 16. BIRTHPLACE (city or town) LINGUAGE (State or country)	23. If death was due to external causes (VIOLE
INLY, WI be careful EATH in primportant.	O 16. BIRTHPLACE (city or town) Luncusum (State or country)	Accident, suicide, or homicide?
	10/2. 0 + P	Where did injury occur?(Specify Specify whether Injury occurred in INDUSTR)
PLA hould JF D	17. INFORMANT VECTORS CALL (Address) Cura Laborators	opecity whether injury occurred in the ostal
日 日 田 ·	18. BURIAL, CREMOTION, OR REMOVAL Place Successful Lead Date 1/2 5, 1934	Manner of Injury
WRIT mation CAUSE	19. UNDERTAKER Tec. I Sharps J.	24. Was disease or injury in any way related to
I E O E	(Address) Limitaly Jud	If so, specify
T) R	20. FILED Jan 24-19.34 M. F. Stort	(Signed) WAC

STATE OF MARYLAND—CERTIFICATE OF DEATH

k	Registration Dist. No. / 34
tobus	No. St., Ward
n where death occurred 10 yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)mosds. How long in U.S. if of foreign birth?mrsmosds.
Tuna Ross	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
or divorced (write the wo	ord) - 23 1934
ge H. Roas	22. HEREBY CERTIFY, That I ettended deceased from /-23 ,134 ,to /-23 ,134
nths Days If LESS 1 day,	than to have occurred on the date stated above, et 54 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
AER, Retired	arteriorelevoros leverfyrs age
11. Total time (years) spent in this occupation. Doction	Other Contributory Canses of Importance;
ulcusium	Name of assertion None But of
sullian.	Name of operation
enterson ent Ross	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
1/25,1	Manner of Injury Nature of injury
Mot Slott	24. Was disease or injury in any way related to occupation of deceased?
Regist	0 1/1

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

A Roman Comment	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 8 1534	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	I BUREAU M. S	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH	03 UU483
county Frederick	Registration Dist. No. 139
Village or City State Sanatorum	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Elizabeth M. Sa	field
(a) Residence: No. Lien Burning R.F.	D. Ward. Anne arundel Co. Ma D. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Grice the word)	21. DATE OF DEATH (Month) Jan. 8. 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Wirel. 19.1914	I fast saw h N alive on Qan 8 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:30P. m.
19 8 20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Thusework SAWYER, BOOKKEEPER, etc	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	Outmonary/uberculous
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) O se gon	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME Charles E. Saffell	
14. BIRTHPLACE (city or town) Wash. D.C. (State or country)	Name of operation. Date of Date of
	What test confirmed diagnosis (MS) A May 1 Mas there an au'opsy? No
I	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
16. BIRTHPLACE (city or town). California (State or country)	Where did injury occur?
17. INFORMANT Clin abeth daffell (on admission) (Address) 94 cm Buhrus und	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Yells Burne Mate unvening	Nature of injury
19. UNDERTAKER M. L. Creffeger	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Thurmont My Ma.	If so, specify A DAA TO DAA TO DAA
20. FILED 18 Registrar.	(Signed) Little Jana town M.D.
Registrat.	" (Vaniess) Pro- or 10-20

STATE OF MADVI AND CEPTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
8'40	1915	Attack of epilepsy	1 week ago
म प्रमुख्या	1921	Run over by street car	1 week ago
JEST SI WAL	July 4,1927	Peritonitis	3 days ago
MALGORA		Other contributory causes of importance	
a importance of	May 1,1923	Gastroenteritis	1 year
	h and related causes 8 A O VIII 1661 ET NVC	1915 1911 1911 1911 1911 1911 1911 1911	of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

	CE FOR FURTHER STATEMENTS	
		s filed under DR. SHAFFER and
MRS. DEalBA, IR., Jan. 18,	1934; also undertaker's	verification in person (Mr. B.
C. Harle, 115 E. West St.,	South 0585) L.	

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00484
1. PLACE OF DEATH	23
county Frederick	Registration Dist. No.
Village or City State Samaloum	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,6mos	
2. FULL NAME (3) TURE CULOSIS SANA (a) Residence: No. MARYLAND TURE CULOSIS SANA	TORIUM Ward. Balto. Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Year)
b. If married, widowed, or divorced HUSBAND of	V
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from 2 1933 to Jan 13 1934
B. DATE OF BIRTH (month, day, and year) Way 17. 19 14	Glest saw her alive on Jan 12 , 1934; deeth is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, aB.15.A.m.
1917 26 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, Lain dresser	0 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jul monary Luberculosis
10. Date deceased last worked et this occupation (month and wy 1933 spent in this year) 11. Total time (years) spent in this year) 12.	
12. BIRTHPLACE (city or town) Balto · Md - (State or country)	Other Coutributory Causes of importance:
13. NAME alfred A. Schults	
14. BIRTHPLACE (city or town) W.d.	Name of operation. Date of
15. MAIDEN NAME BONTING VM Mei demuer	What test confirmed diagnosis? MAN XAGY Y (GS). Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Bertha M. Schultz (on admission) (Address) 1010 S. Clinton St. Balts Md.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Bala. Md. Date MR. Date	Manner of injury
19. UNDERTAKER M. L. Creager (Address) Thursmont and	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 4/3/3 V, 19 Registrar,	(Signed) Alward D. Matter M. D. (Address) State San a torum Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
वस्य वस्त	7	
JE NAU	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
4		
	1915 1921 July 5, 1927 V TELOS	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

infor-	state	UPA.	1
Jo t	plno	000	
iten	sh	Jo	
very	ANS	nent	
D. E	SICI	aten	
ORI	HX	t st	
REC	Д.	Exac	
LZ	LY		
NE	CT	ifiec	
MA	KA	lass	
ER	B	y	fe.
AF	ted	perl	fica
IS	sta	pro	cert
HIS	be	pe	0
LT	pluc	may	Back
NK	sho	it 1	- uc
1 9	GE	hat	ne
NIC	A	80 1	ctio
FAI	lied.	ms,	structions on back of certificate
	FADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	FADING INK—THIS IS A PERMANENT RECORD. Every item of inforlied. AGE should be stated EXACTLY. PHYSICIANS should state	FADING INK—THIS IS A PERMANENT RECORD. Every item of inforlied. AGE should be stated EXACTLY. PHYSICIANS should state ms, so that it may be properly classified. Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00485
1. PLACE OF DEATH	
	Registration Dist. No. 132
Village or City Middletowan	No.
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME The adore Calvis	Shaffer
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (regrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Effice Shaffer	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 1871; 9 96	1932, to 400, 1934, death is sai
7. AGE Years Months Days If LESS than	to have occurred on the datated above, at 11.360m.
(00 3 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	wera as follows: Date of onset
sawyer, BOOKKEEPER, etc.	100 and Park
9. Industry or business in which	de la constant de la
work was done, as SILK MILL, SAW MILL, BANK, etc	0 9 10 10 10
Spantin this occupation (month and	MP as to all a sold
year) occupation	Offer Contributory Causes of importance:
12. BIRTHPLACE (city or town) Middle to Wung (State or country)	gyer countriously causes of importance.
13. NAME John Edward Shaffer	
13. NAME John Edward Shaffer 14. BIRTHPLACE (city or town) Middletoning	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME L OVE HOS LAFEY 16. BIRTHPLACE (city or town) Middle town	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Middletovary	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Efficiency (Address) Middletowy, Mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Retornilen Hiddetollogo der 14, 1934	Nature of injury
19. UNDERTAKER CATALISCO SALLISCO (Afdress)	24. Was disease or injury in any way related to occupation of deceased?
20. FHEDELL 14, 1934 J. Torrige Shawes	(Signed) RV Hause M. E. (Address) M. E. (Address)
If more block, are maded add as Cont. P	Note that the same of the same

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 28 6 75 m			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE OF MARYLAND-CERTIFICATE OF DEATH

00486

1. PLACE OF DEATH	*****	47)	
County Fraderick	within the Co.	Registration Dist. No. /3/=	
Village or City Frederick		No. 124 W. All Saints St. St	Ward
	, 50	If death occurred in a horpital or institution, give its NAME instead of street and nu sds. How long In U.S. if of foreign birth?yrsmos.	mber)
		sgs. How long in U.S. it of foreign birth?yrsmos.	ds.
2. FULL NAME James William			
(a) Residence: No. 124 W. All S	glace of abode)	St., Ward. If nonresident give city or town and St	
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	tate
	MARRIED, WIDOWED, ORGED (write the word)	21. DATE OF DEATH January 2	193 4
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Avis Thomas	OBIE TO SE	22. I HEREBY CERTIFY That I attended do	ceesed from
		1, 10 30 , to face,	, 193
	14. 1876	-1(/	deeth is said
	1 day her	to have occurred on the date stated above, at 2P. Ma_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
58 3 2	8 ormin.	were se follows:	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	er	Willess my of & Marco	137
. Industry or business in which			1
work was done, es SILK MILL, Shop			A
10. Date deceased last worked at this occupation (month and year) - July/33	otal time (years) spent in this		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	occupation40	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		-	
		-	
E			
14. BIRTHPLACE (city or town) Md		Name of operation Date of What test confirmed diegnosis? Was there an au'	No
ដ 15. MAIDEN NAME Matilda Waters	44	23. If death was due to external causes (VIOL ENCE) fill in also the following:	opsyra_ & O
15. MAIDEN NAME Matilda Waters 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	19
(State or country) Md.		Where did injury occur?	
17. INFORMANT Mrs. Avis Skinner		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	E.
(Address) 124 W. All Saints St			
18. BURIAL, CREMATION, OR REMOVAL Place	O O MILE	Manner of injury	
	in. 5 19.34	Nature of injury	
19. UNDERTAKER M. R. Etchison & So	n.	24. Was disease or injury in any way related to occupation of deceased?	7
(Address) Frederick, Md.	2	If so, specify	
20. FILED January 1984 Doca fr	Registfar.	(Signed) Audress) Audresh M	M. D.
If more blanks are nee		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

should state

1. PLACE OF DEATH	2
county of redereck.	Registration Dist. No. 139
Village or City State Sanaturum	Mor Md - St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) ps. 1 8 ds. How long In U.S. if of foreign birth?
Length of residence in city or town where deeth occurredyrs	ps. 18 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME MARY AND TURERCULOSIS SAN	ATORIUM JUSTIM SMITH
(a) Residence: No. 324 S. Varoadway	st. Ward. Ballo Md.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white or DIVORCED (write the word)	Jan. 3 193 4
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
many smin	- Jan 13 ,1934 to Jan 31 ,1934
6. DATE OF BIRTH (month, day, and year) Dec. 25. 187/	liast saw h. M. alive on Jan 30, 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 2:25 A.m.
361 / 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	memonary wer curry
O I V	
10. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spant in this year) occupation (coupation / O	
12, BIRTHPLACE (city or town) Colonel	Other Contributory Causes of importance:
(Stete or country)	
13. NAME Daniel Smith	
14. BIRTHPLACE (city or town) ? Beland	Name of operation.
(State or country)	What test confirmed diegnosis x last X ray t Pro. Wes there an autopsy? Ma
I 15. MAIDEN NAME Waru - ?	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME VOOR ?	Accident, suicide, or homicide? Date of Injury 19
E (State or country)	Where did injury occur?
17. INFORMANT Mary Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 2 9 12. milton ave. Balto mo	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 12 all s 'Y Na Date Im Vinture	Nature of Injury
19. UNDERTAKER M. L. Cresser	24. Was disease or injury In any way related to occupation of deceased?
(Address) Thurmon, Ma	If so, specify At + + Q A A L / A
20 5450 1 2 1 2 1/10	(Signed) Delward D. Shapper M. D.
20. FILED 19 Registrar,	- (Address) State Sanatorin nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
IRE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of certificate.

should state of OCCUPA-

1. PLACE County_

2. FULL N (a) Resi

MARGIN RESERVE	N. B. WRITE PLAINLY, WITH UNFADING INK-TI	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	TION is very important. See instructions on back
V. S. No. 1	N. B.—WRITE	mation she	CAUSEO	TION is v

STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH
ATH			101.0
			Registration Dist. No. 14
Plane 4	R.F.D	. Mt.Air	V . No. St Ward
		(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
n city or town where	death occurred6	6_yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
		rrier,	St., Warel
	(Usual place	of abode)	If nonresident give city or town and State
AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE White	OR DIVORCEI	(write the word)	21. DATE OF DEATH January - 26 - 1934 (Month) (Day) (Year)
divorced			
Frank E.	Spurrier	,	22. I HEREBY CERTIFY. That I attended decessed from
day, and year) 1	867-8-8.		1934, to Jan 26, 1934 Hastsawher alive on Jan 25, 1934; death is said
Months	Days	If LESS than	to have occurred on the date stated above, al.2:45am.
5	18	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
or particular one, as SPINNER, KEEPER, etc	Housewif	е	were as follows: Brownelo fenemmonia par 15 1934 Chrowie from chieter 1925
	derick, Plane 4 n city or town where Harrie: Plane No STATIST DIOR OR RACE White divorced Frank E. Months Months preparticular nee, as SPINNER, KEEPER, etc.	derick, Plane 4R.F.D n city or town where death occurred 6. Harriett C.Spu Harriett C.Spu Disconsistance of Divorced Nhite Spurrier divorced Frank E.Spurrier day, and year) 1867-8-8. Months Days Months Days Months Days Months Days Months Days Herpericular ne, as SPINNER, KEEPER, etc. Housewif	derick, Plane 4R.F.D. Mt.Air (If n city or town where death occurred 66 yrs. mos Harriett C.Spurrier, D. Plane 4, Md. (Usualplace of abode) AND STATISTICAL PARTICULARS DIOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married divorced Frank E.Spurrier, day, and year) 1867-8-8. Months Days If LESS than 1 day, hrs. or main, r particular me, as SPINNER, KEEPER, etc. Housewife

(Osuar prace of abode)	in nome state give early of town and brate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Married	21. DATE OF DEATH January - 26 - 1941 (Month) (Day) (Year)
5a. H married, widowed, or divorced HISBARD 1 (or) WIFE of Frank E. Spurrier, 6. DATE OF BIRTH (month, day, and year) 1867-8-8.	1 HEREBY CERTIFY. That I attended decessed from 18 1934, to 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs 66	to have occurred on the date stated above, al.2:45am.
13. NAME Luther L. Browning, 14. BIRTHPLACE (city or town) Montgomery Co., (State or country) Maryland.	Name of operation
15. MAIDEN NAME Sarah L. Brandenburg, 16. BIRTHPLACE (city or town) Frederick Co., (State or country) Maryland 17. INFORMANT Frank E. Spurrier, (Address) F. D Mt. Airy. Md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL PAGENTY IN Chapel Gembate Jany 28, 19.39	Manner of InjuryNature of Injury
19. UNDERTAKER 6. M. Waltz (Address) Walfield Brid, 20. FILED gan 26., 19 44. A. Molleworth Registrar.	24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) (Address) Meta Market, Md,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
••	÷		
Other contributory causes of importance:		Other contributory causes of importance:	1/2
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 2 should state

	STATE O	F MAR	YLAND-	CERTIFICATE	OF DEATH	00489
1. PLACE OF D	EATH		-			00200
County_Fre	derick				Registration Dist. No. 13/	/
	Jefferson	P	· 0 a (11	NDNDf death occurred in a horpital or institu	St., ution, give its NAME instead of street a	
				ds. How long in U.S. If	of foreign birth?yrs	_mosds.
2. FULL NAME (a) Residence: N	Walter Day	(Usual place		St., Ward.	If nonresident give city or town	and State
PERSONAL	AND STATISTIC	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEATH	i
Males 4.0	White		RIED, WIDOWED. Of (write the word)	21. DATE OF DEATH	January 8th.,	, 193. 4
5e. If merried, widowed, or HUSBAND of	r divorced					
(or) WIFE of Ber	rtha M. Bise:	r		22. Jan 8	Y CERTIFY That I attend	led deceased from
6. DATE OF BIRTH (mont	h, dey, end year) Set	pt. 17.	1874	I lest sew h 1 m elive on	Jan 8 , 19 3	deeth is seld
7. AGE Years	Months	Days	If LESS then I day,hrs,	to heve occurred on the dete stat		
59	3	21	ormin.	The PRINCIPAL CAUSE OF DEA	TH and releted causes of importence	Date of onset
8. Trede, profession, kind of work of	or perticular		10	Gulral has	unlage	Date of office
SAWYER, BDO	done, es SPINNER, KKEEPER, etc			Varalyses fre	ghealay Center	P. Jan
work was done	ess in which e, es SILK MILL, Gene NK, etc.	ral Stor	е			1934
No. 1 led profession of work of SAWYER, BDO Industry or busin work was done SAW MILL, BA Do bate deceased les this occupation yeer)	st worked at 1/8/	34 11. Totel ti	me (yeers) 7			
12. BIRTHPLACE (city or t (Stete or country)	own) Maryland		-	Dither Contributory Causes of Imp		
	nuel T. Stoc	loma n .				
E	161					
1 (Stete of Codin	try)			Neme of operation	Dete of Was there e	n eu'opsy? 48
15. MAIDEN NAME	Mary W. Figg			23. If deeth was due to external ce	uses (VIDLENCE) fill in also the follow	ing:
15. MAIDEN NAME I 16. BIRTHPLACE (city (State or coun	try)	land.		Accident, suicide, or homicide? Where did injury occur?	Dete of injury	, 19
17 INCODMANT	ss. Helen S. efferson, Ma	Stockma	n.		(Specify city or town, county and S in INDUSTRY, in HOME, or In PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, Place Fred	or removal	Date Jan	V. 11, 1934	Manner of Injury		
*** **** ******************************	Etchison & ederick. Md.	Son.		24. Wes disease or injury in any w	wey related to occupation of deceesed?	7/0
	(2	11/2			To en 21 13.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimote, Requesting V. S. No. 1.

Registy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis '	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

should state

1. PLACE OF DEATH.	CERTIFICATE OF BEATTI
7. Chillian	the Carporate Health
County 1 - country	Registration Dist. No. D.
Village or City Thealtrick	No. // 8 Lace - St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/_yrs/_C	mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles albert &	trine
(a) Residence: No. 118 E 3 g	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX-7 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
Male While OR DAY OR CED (write the wor	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 10-16-1874	Uset saw hour alive on law 17 1 to 4 death is said
7. AGE Years Months Days If LESS th	-1/
3°9 3 2 1day,	were as follows:
R Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Coronary Occursion /16/34
9. Industry or business in which work was done, as SILK MILL Domestie halo in Hote SAW MILL, BANK, etc	
kind of work done, as SPINNER, werker SAWYER, BDOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL donnestic halor in Note SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1934 spent in this year) year) Occupation 72	
7:1:16	Dither Contributory Causes of importance;
(State or country)	asteriis churses -
13. NAME George H. Strine	The huteusini
13. NAME Glorge A. Strine 14. BIRTHPLACE (city or town) Freelevick G	Name of operation.
(State or country)	What test confirmed diagnosis? Was there an autopsy? Do.
# 15. MAIDEN NAME Many Elzaher Wenrick	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Namy Elzahell Wennick 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMAN Unallole altrine (Address) 18 & 3 W Frederick Mid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL MY-Hope Cernely	Manner of injury
Place Woodshow Md Date 12 , 19	Nature of injury.
19. UNDERTAKER Harry & Carly	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Healering Mag,	If so, specify
20. FILED J 9- Jan, 1934 Ameline	(Signed) M. D.
Registra	(Address)

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 RIPIA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

V. S. No. 1

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
- 1	ry iten	AS Sh	it of	1
). Evel	SICIAL	atemen	
	SCORI	PHYS	act st	
7	T RI	LY.	. Ex	
DING	ANE	ACTI	ssified	
RIS	PERM	EX	ly cla	ite.
MARGIN RESERVED FOR BINDING	IS A 1	stated	roper	TION is very important. See instructions on back of certificate.
ED.	HIS	be s	be 1	o jo
EKV	VK-T	pluods	it may	n back
五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五五	NG IN	AGE	that	o suoi
CIL	FADI	ied.	ms, se	structi
MAR	I UN	lddns	in teri	see in
	WITH	efully	in pla	ant.
	NLY,	oe car	ATH	nports
	PLAI	plno	F DE	rery in
	RITE	ion sh	USE 0	N is
1 O. 1	M	mat	CAI	TIO
4. D. ING. 1	N. B	1-	F	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00491
1. PLACE OF DEATH	920) 199
County Trelang	Registration Dist. No. 19
Village or City Old Feelds	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Clean / Murray, Val	leulius
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorcad HUSBANO of	(month) (Day) (Taal)
(or) WIFE of	22. HEREBY CERTIFY. That I ettended deceased from
70 2 100.	Nac - 4 1933, to Clar 2 1933
6. DATE OF BIRTH (month, day, and year) Nov-16-1891 7. AGE Years Months Deys If LESS than	I last saw h um alive on 19 3 deeth is seld
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the dete stated above, et 8,
ormin.	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Farum Laborn	Mortes Stevens
A Industry or husiness in which	3gm
work wes dona, as SILK MILL, SAW MILL, BANK, etc	- J
11. Total time (years) this occupation (month and Plos 3 spent in this	
yeer) occupetion (Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Md	Other Conditionary Causes of Importance,
(Stata or country)	
13. NAME William Valentine 14. BIRTHPLACE (city or town) 222 d	
14. BIRTHPLACE (city or town) 2nd	Nema of operation Oate of
(State of Country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Surah E. Dufkus	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) 7 Md.	Accident, suicida, or homicide? Dete of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Sarah & Valentine	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Union Pordyz, Ind.	
18. BURIAL, CREMATION, OR PEMOVAL	, Manner of Injury
Place Neys Chapel Date Jaw 6, 19 34	Neture of injury.
19. UNDERTAKER Towell & albacegto (Addiess) Sibrilitorow,	24. Was disease or injury in any way related to occupation of deceased? 16 so, specify 11 -
20. FILEO Jan 6. , 1934 M. R. Cenfu en Registrar.	(Signad) Oto D. Trone M. D. (Address) Siberte down Ind.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

	CERTIFICATE OF DEATH 00492
1. PLACE OF DEATH County Frederick	Registration Dist. No. 144
Village or City Torthall Stuff	No. St. Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary on M. Ellas	mer >
(a) Residence: ND. Creage stores (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Severale	21. DATE OF DEATH (Month) A (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
4/ - 1805	Dec 5 ,1933, 10 Jane 18 ,1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw has alive on 1 22
48 1/ 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
Trade, profession, or particular kind of work done, as SPINNER,	Date olonset
SAWYER, BOOKKEEPER, etc.	Ohronie Museular
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	abreplay
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 30	
12. BIRTHPLACE (city or town) Mary and (State or country)	Dther Contributory Causes of importance:
13. NAME David Warner	
13. NAME David Warner 14. BIRTHPLACE (city or town) Many and (State or country)	Name of operation Date of
15. MAIDEN NAME KW Jane Marty	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Transcrycand (State or country)	Accident, suicide, or homicide?
17. INFORMANT A. G. W. Brusett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Woods Co. Date Jan, 20, 1934	Manner of Injury
19. UNDERTAKER S. W. W. W. Might (Address) Walker Dis Of a mod	24. Was disease or injury In eny way related to occupation of deceased? 200
20. FILED Jan. 20, 1934 Army M. Jenes. Registrar.	(Signed) La a. Stuly M. D. (Address) Woodsbuse Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis E C V E D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
ROPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE EOD EUDTUED CTATEMENTS BY DHYSICIAN

inditioning b	11011 1 010 1 01011	DIMINIMI DI TITOTOMI		

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 004	93
	1. PLACE OF DEATH	121	
	County-frederick	Registration Dist. No.	
	Village or City France	No. 74/ Motter two St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	Langth of residence in city or town where deeth occurredyrsmod		ds.
	2. FULL NAME Thirley The Me	uzel	
	(a) Residence: No. 741 mother and	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH	
	OR DIVORCED (write the word)	21. DATE OF DEATH alley 17	4
	5a. If married, widowed, or divorced	(Month) (Dey) (Ye	ar)
	HUSBAND of Chies	22. HEREBY OFRTIFY, Thet I attended deceased	d from
		Jaly 8, 154, to facy 1), 13	34
	6. DATE OF BIRTH (month, dey, and year) Dex 24-1932	I last saw h A alive on dey 1, 1947; death	is said
	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at	
	1 24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	fonset
:	8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	This to cocas a Ville Comment 1/0	1/
i	9. Industry or business In which	July 4 deces of a come 18	NX
	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Data deceased last worked at	Facial Mixistina	
1	this occupation (month and spent in this	100000000000000000000000000000000000000	
	year)occupation	Other Contributory Causes of Importence:	
	12. BIRTHPLACE (city or town) Trederect ped,	111	1
	(State or country)	Mickey PN	DX
	13. NAME Verge N. Wengel	1./	
	13. NAME Serge N. Neugel 14. BIRTHPLACE (city or town) Frederick (Stete or country)	Name of operation Dete of	
1		What test confirmed diagnosis?	-1
1	7	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
-	16. BIRTHPLACE (city or town) / Medical (State or country)	Accident, suicide, or homicide?	
ĺ	New 7.015	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
	17. INFORMANT All There are a constant and the constant a	The state of the s	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Plece her Olives Care Date / 19 1934	Nature of Injury	
	19. UNDERTAKER Co. E. Colina Hon	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) Fredinger pud.	If so, specify	
	20. FILED/9-January 34. Joan meany	(Signed)	_ M. D
	20. FILED/ T. TUCKELLE 190 F. UTOW		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as in Arteriosclerosis	death and related causes follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephri	ti'o	1921	Attack of epilepsy Run over by street car	1 week ago
	(US	1		1 week ago
Cerebral hemorrhage	FEB 9 1300	July 5,1927	Peritonitis	3 days ago
	RHRCAU-Val			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sr. Shing

STATE OF MARYLANI	D-CERTIFICATE OF DEATH 111:494
1. PLACE OF DEATH	(a)
CountyFrederick	Registration Dist. No. $\sqrt{3/=}$
Village or City Frederick	No. 412 Middle Alley St., Ward
Length of residence In city or town where death occurred vrs. 1	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Betty Jane West	
(a) Residence: No. 412 Middle Alley	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	· MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wind Single)	21. DATE OF DEATH January (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) November 17, 193	
7. AGE Years Months Days If LESS	
1 27 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecuation (month and this pecuation (month and this pecuation (month and this pecuation for this pecuation (month and this pecuation for this pecuation for this pecuation for the	Date of one of the state of the
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Frederick (State or country) Md.	
= 13. NAME Ralph West	
13. NAME Ralph West 14. BIRTHPLACE (city or town) Frederick (State or country) Md.	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Gladys Mosley	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Gladys Mosley 16. BIRTHPLACE (city or town) (State or country) Md. 17. INFORMANT Ralph West	Accident, suicide, or homicide?
(Address) 412 Middle Alley, Fredk Ma	
18. BURIAL, CREMATION, OR REMOVAL Labring Long. Place Frederick, Md. Date Jan. 16, 19	Manner of injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, d.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 16 - ausma 1934 Jora Donalis Jegist If more blanks are needed, address blate Re	(Signed) M. D. ar. (Address) Photology (Address) (Address) M. D. gistrar, 2411 N. Charles Street Baltimore, Requesting V. & No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	MECFIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 1004	July 5,1927	Peritonitis	3 days ago
	Burney V C	No.		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MAR	UNE	uppli	tern
Š	VITH	ully s	plain
•	NLY, V	e caref	ATH in
	PLAD	hould b	OF DE
No. 1	N. BWRITE PLAINLY, WITH UNF	mation should be carefully suppli	CAUSE OF DEATH in plain term
V. S. No. 1	Z	d	_

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1111495
1. PLACE OF DEATH	23)
County Frederick	Registration Dist. No. 139
Village or City State Sanatomin	No. M. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	
2. FULL NAME Ralph a. Whi	te
(a) Residence: No. MARYLANE TUBERCULOSIS SANAT	ORINGEO. Ward Co. M. A. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white I single	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Jel. 1. 1932, to Jan 8 1934
6. DATE OF BIRTH (month, day, end yeer) (tel. 9. 1912	I last saw h is alive on Jan 7 , 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7:45 A.m.
2 1 0 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8. Jrade, profession, or particular kind of work done, as SPINNER,	Date vivineet
SAWYER, BDOKKEEPER, etc. 9 Industry or business in which	Red
work was done, as SILK MILL, SAW MILL, BANK, etc.	ummary wraculosis
10. Date deceased last worked at this occupation (month and spantin this	
year) volumetry occupation with	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Vharyland.	1 A A
(State or country)	Multal Myurgilation
13. NAME Tarraton Withle	
14. BIRTHPLACE (city or town)	Name of operation Dete of Dete of
15. MAIDEN NAME A LICE SURVEY	What test confirmed diegnosis? ChilDT X Lay + God . Was there en au'opsy?
00:1	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Quality to Con 1	(Specify city or town, county and State)
(Address) Laurel Md.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lawel Ma Date you have	Nature of injury
19. UNDERTAKER De Witt Donalposon	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Lance (Mill)	If so, specify
20. FILED 19 Registrar.	(Signed) Late Janatorina M. D.
If more planks are needed, address State Registrar.	MALL N. Charles Street, Baltimore, Requesting V. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB i) 1934	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

S. Low

STATE OF MARYLAND	CERTIFICATE OF DEATH	1496
1. PLACE OF DEATH ,		TJU
County Theolench,	Registration Dist. No./3/	
	No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs.	
Length of residence in city or town where death occurred 60 yrsmo	At 1 ' 1	mos ds.
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Remode 4. COLOR OR RACE OR DIVORCED (purite the word) OR DIVORCED (purite the word)	21. DATE OF DEATH (Month)	, 193 H
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of anthony a. Wickless.	22. I HEREBY CERTURY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year) 9-16-1853	I last saw h 9 C alive on Sau 7/1 19-36	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date speed above, atm.	
80 3 2/ 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Arade profession or particular	Chance Mustandites	Date of onset
kind of work done, as SPINNER, Loneswife		
9:Industry or business in which work was done, as SILK MILL.	V	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9:Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	-	
this occupation (month and 1982 spant in this year)		
7.1.10	Other Contributory Causes of Importance	1
12. BIRTHPLACE (city or town)	Chrones bilestille	7.54
	appronting	In
2018:10	VV	
14. BIRTHPLACE (city or town) Measured Miles (State or country)	Name of operation Date of	
The second secon	What test confirmed diagnosis? Was there an	
T. 13. MAIDEN MAINE OCCUPATION THEATER	23. If death was due to external causes (VIOLENCE) fill In also the following	
15. MAIDEN NAME Ocana Measel 16. BIRTHPLACE (city or town) Frederich Co. (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANTMES Gertruste & Wickless	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ate) LACE.
(Address) Shooks town treck, Co, Mid 18. BURIAL, CREMATION, OB REMOVAL St. Lohno Cemelers		
Place Frederick My Date Jan 9 th 1934	Manner of injury	
11 20-1-	Nature of injury	na
19. UNDERTAKER Harry Carly (Address) Frederick Mid.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED & - January 19 3 & Jose Joneseury:	(Signed) Address) Frederica (AV)	V. M.D
If more blanks are needed, address ate Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	rux

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-CERTIFICATE OF DEATH 00497
1. PLACE OF DEATH	(22.a)
County	Registration Dist. No.
Length of residence in city or town where death occurred yrs. 2. FULL NAME Village or City I Punewick Luther Wisington	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) _mosds. How long in U.S. if of foreign birth?wrsds.
(a) Residence: No. Brunsuck (Usual place of abode)	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wold husband of divorced HUSBAND of	
(or) WIFE of C Mary Jane Willer	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year, Feb, 18, 1857	I last saw h a live on for L 1935; death Is said
7. AGE Years Months Days If LESS th 1 day,	an to have occurred on the date stated above, atm. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Rind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Cuchal Hen 1/28/
year) Occupation	Other Coutributory Causes of Importance:
(State or country) "" 13. NAME Benj. Wigington	- Unlino telesone ?
13. NAME Benj. Wigington 14. Birthplace (city or town) Virginia (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Nobley	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Knoxville, Md. OateJan. 4 , 19	Manner of injury Nature of injury
19. UNDERTAKER C. H. Feete. & Son. 20. FILED JUL 4 19. H. J. J. Rejistr. If more blanks are needed, address State Reg.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephnitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage = ECE	July 5,1927	Peritonitis •	3 days ago
FEB 5 1994	l.		
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year
Tank to the same of the same o			

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis ·	1 year
		· · · · · · · · · · · · · · · · · · ·	<u> </u>

should state

	2 0 9		within the C	Registration
	Frederick			Registration
Village	or City Frede	rick	- O	No. If death occurred in a hospital or institution, give its NAME
Length o	f residence In city or town when	re death occurred3		sds. How long in U.S. if of foreign birth?
2 FIII I	NAME Mrs. Jo	nne Tohin	Wilson	
	idence: No. 113A W			Oh Wand
(a) Ke	idence: No. 110A M	(Usual place	of abode)	St., Ward. If nonresident
PERS	ONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
Female	White	Marri	D (write the word)	January (Month)
	idowed, or divorced			
(or) WIFE		Wilson		22. HEREBY CERTIF
			Suit for the	Dec 1932,19, to
6. DATE OF BI	Years Months	April 27	1871	l last saw h. er alive on
			1 day,hrs.	to have occurred on the date stated above, at 9. \$2. The PRINCIPAL CAUSE OF DEATH and related cause
6		28	ormin.	were es follows:
8. Irade,	orofession, or particular of work done, as SPINNER,	Housewif		Chr. Valrular 2
9. Industr	YER, BOOKKEEPER, etc	HOWSENII	.0	- Car, Varina 1
SA SA	k was done, as SILK MILL, / MILL, BANK, etc	At Hom	e	Passer Cengertic
	ceased last worked et occupation (month and	11. Total ti	ime (years) nt in this	O come Congression
)	0/33 00:1	upation 35	Other Contributory Causes of Importance:
12. BIRTHPLAC	E (city or town) Bel:	levue		
	country)	Ohio		acute Decemper
13. NAME	William Tobi	n		
14. BIRTHE	LACE (city or town)I	reland		Name of operation
1 (30	te or country) Euro	pe		What test confirmed diagnosis? Chaucel
15. MAIDE	I NAME UNK	mas		23. If death was due to external causes (VIOLENCE) fill
D 16. BIRTHE	LACE (city or town)	nka		Accident, suicide, or homicide? I
	te or country)	- 1 27		Where did injury occur?
17. INFORMANT	Mr. John M.	Wilson		(Specify city or Specify whether Injury occurred in INDUSTRY, in HO
(Addres	s) 113A West		et	
	MATTON, OR REMOVAL			Manner of Injury
Place	St. John's Cem	Date1/_	29./34., 19	Nature of injury
19. UNDERTAK	R M.R.Etchis	on & Son		24. Was disease or injury in any way related to occupa
(Addres				If so, specify
	011		Rurde:	(Signed) It Laurence

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

00499

ormandia Menter	Registration Dist. No. / 2	1:
	St. institution, give its NAME instead of street S. if of foreign birth?yrs	
St.,Ward.	If nonresident give city or town	and State
MEDICA	L CERTIFICATE OF DEAT	
21. DATE OF DEAT		
Jar	nuary 25, (Day)	, 193 4 (Year)
Doc 193		nded deceased from , 1934 34; death is said
	e stated above, at 9:20 Ph. DEATH and related causes of importance	
were es follows:	DEATH and related causes of importance	Date of onset
Chr. a.	alınlar Derian	1931
Passine	Cengertien	1 mails
Other Coutributory Causes of	f Importance:	
acute.	Decomposation	Iday
Name of operation	Dete sis? Chaucal Was there	of an au'opsy?
23. If death was due to extern	nal causes (VIOLENCE) fill in also the follo	owing:
Accident, suicide, or homicid	de? Date of injury	19
Where did injury occur? Specify whether Injury occur	(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
Manner of Injury		
Nature of injury		74
	any way related to occupation of deceased	12 No-
If so, specify	Lamence Fah	energ M. D.
	redench me	М. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
-11-1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	In the second se	
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

8

infor-

CCC should

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Cate of opent

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscleronis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5 1984			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ld state CCUPA.	1. PLACE OF DEATH County Triderick	Registration Dist, No. 144
o Jo	Village or City In Oreagers how	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
PHYSICIANS ct statement	2. FULL NAME (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. PH	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
X A C T I classified	5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from /- 29, 193 4, to /- 29 - 193 4
stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated above, at
should be t it may be on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	Date of onset West discharge ford Date of onset
efully supplied. AGE in plain terms, so that ant. See instructions	12. BIRTHPLACE (city or town) We largers boron Mc (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
llly plai	(State of country)	What test confirmed diagnosis? Was there an autopsy?
ld be car DEATH y imports	15. MAIDEN NAME Secure & Herina 16. BIRTHPLACE (city or town) Must Availan gate 17. INFORMANT MACE (Address) Caracretown Md.	23. If death was due to external causes (VIOLENCE) fill In also tha following: Accident, suicida, or homicide?
mation shou CAUSE OF TION is ver	Plece deurstown Data Jan. 30 19 34	Manner of injury
CA	19. UNDERTAKER James M. Oolf father (Address) Georgestown M. 20. FILED Jan. 36, 1934 Anna M. Jones Registrar.	1/24. Was disease or Injury In eny way ralated to occupation of deceased? If so, specify (Signed) (Address) (Address)
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

400	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	e 1 1925	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAU V. S.	July 5, 1927	Peritonitis	3 days ago
	1			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
RVE /				

N. B.

	infor-	state
(M)	item of	should
	. Every	ICIANS
•	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
	L	Y.
NG	NEN	TI
IDI	MA	A
BIL	ER	EX
R	AP	ted
FO	IS	sta
ED	HIS	be
RV	I	pluo
SE	INK	sh
MARGIN RESERVED FOR BINDING	ING	AGE
GIN	dV	ed.
MAR	UNI	Iddus
	ITH	Illy
	W.	refu
	ILY	e ca
	AIN	q P
	PI	hou
	ITE	s uc
	-WR	nati
	- 1	And.

of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00002
County Grederick	Registration Dist. No. 144
12 1. 1011 (2.1	
Village or City / octor Midgs Mo!	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 86 yrs	/(-
2. FULL NAME William Henry Color W.	rod
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m w marrier	(Month) (Day) (Yeer)
ie. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary to Mary to	1 HEREBY CERTIFY, That I ettended deceased from
Dan, 15-18481	Jan 14 1934, to Jan 3/ 1934
5. DATE OF BIRTH (month, day, Ar year)	Tlast saw ham alive on Jane 1934; death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at J. A. m.
86 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	a class
SAWYER, BOOKKEEPER, etc. Harmy	arterioselerasis 1920
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL. SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this 3	
year) occupation occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Report Marky Mass	
(State or country)	
13. NAME James W Wood	
14. BIRTHPLACE (city or town) near stocky tisker	Name of operation Dete of
(State or country) N(d'	What test confirmed diagnosis?
15. MAIDEN NAME amis, It ummer	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mothers	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
200 mars 21/2-1	(Specify city or town, county and State)
(Address) Reserve Wary Wood	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manus of injury
Place Rocky Rodge Date 12 2 2 1934	Manner of injury
	Neture of injury
9. UNDERTAKER (Address)	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) // D. Orager	If so, specify
20. FILED Tel. 1 1934 Tomber M. Jones	(Signed) (D. O. O. D. M. D.
Registrar	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 2 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

County February County Registration Dist. No. / ## County February County Registration Dist. No. / ## Village or City Mark County or town where death occurred yra mes. ds. No long in U.S. (or foreign birth) yrs. mos. ds. No long in U.S. (or foreign birth) yrs. mos. ds. No. (Usual place of shools) FERSONAL AND STATISTICAL PARTICULARS J.SEX 4. COLOR-OR RACE S. NOLE, MARKED, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, MARKED, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, WINDWED, OR DUYONCED (wint the word) So. If married, widowed, or divorced NUSARIE, Wintwed Order Sone, Wintwed Order S	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00503
Village or City Ward Length of residence in city or town where deeth occurred Length of residence in City or town where deeth occurred 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (d) Residence: No. (e) Residence:	1. PLACE OF DEATH	a
Cil death occurred in a hospital or institution, give in NAME instead of stared and number) 1. Feet In MAME (a) Residence: No. (Line) stared of abody PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR-OR RACE 5. SINKLE, MARRIED, WIDOWED (dr) Wife of 1 5. LIHER E BY CERT IF Y. That I ettended deceased from 1985 And to have occurred on the date stated obeys, at 1985. 1. Tarde, profession, or particular sink of wind day, and year) 7. AGE 1. Tarde, profession, or particular sink of wind day, and years of the secondary of the date stated obeys, at 1985. 1. HERE E BY CERT IF Y. That I ettended deceased from 1985 And to have occurred on the date stated obeys, at 1985. 1. HERE E BY CERT IF Y. That I ettended deceased from 1985 And to have occurred on the date stated obeys, at 1985. 1. HERE E BY CERT IF Y. That I ettended deceased from 1985 And to have occurred on the date stated obeys, at 1985. 1. HERE E BY CERT IF Y. That I ettended deceased from 1985 And to have occurred on the date stated obeys, at 1985. 1. HERE E BY CERT IF Y. That I ettended deceased from 1985 And to have occurred on the date stated obeys, at 1985. 1. HERE E BY CERT IF Y. That I ettended deceased from 1985 And to have occurred on the date stated obeys, at 1985. 1. HERE E BY CERT IF Y. That I ettended deceased from 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have occurred on the date stated obeys, at 1985 And to have oc	County Hudench	Registration Dist. No. 144
Length of residence in city of town where deeth occurred yrs most detailed in a Repital or Institution, give in IVANIE, instead of involving the control of		
(a) Residence: No. (Usus) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR-OR RACE OR ADVONCED (weive the word) 5.9. If married, wildowed, or divorced (or) Wile of or		(if death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usus) place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR-OR RACE S. SINGLE, MARKED, WIDOWED, OR DAYORED (Which the word) 56. If married, widowed, or divorced (USAND) of (OP) VIFE of (OP) VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW	2. FULL NAME Still bon wha	ul-Zentz
PERSONAL AND STATISTICAL PARTICULARS J. SEX MEDICAL CERTIFICATE OF DEATH S. SINGLE, MARRID, WIDOWED, OR DI/OKCED (write the word) OR DI/OKCED (write the word) OR DI/OKCED (write the word) So. If married, widowed, or divorced (Month) (Month) Day: I HER EBY CERTIFY, That I eltended deceased from 19. 10. 19. I Itst saw h. slive on. 19. 10. 19. I Itst saw h. slive on. 19. 10. 19. I Itst saw h. slive on. 19. 19. I Its	(a) Residence: No	
3. SEX 4. COLOR OR RACE 5. OK DAYORED (which would) 5. If married, widowed, or divorced (cur) wile would (cur) wile of (cur)		
Se. If married, widowed, or divorced HUSBAND HUSBAND (North) (PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
56. If married, vidowed, or divorced HUSBAND of of vorced HUSBAND of the profession, or particular the profession or particular the profession or particular the profession of the profess		Han 22 11 198 4
1 Itast saw h	HUSBAND of	
TAGE Years Months Deys II LESS than I day,	(or) WIFE of	22. Index Edit CERIFF, Inat I ettended deceased from
TAGE Years Months Deys II LESS than I day, hrs. or which I day, hrs. or min. 8. Trade, profession, or particular for min. 9. Industry or business in which work was done, as SILK MILL, for min. 9. SAMYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, for min. 12. SIRTHPLACE (city or busin) for min. 13. NAME for country) 14. BIRTHPLACE (city or town) for min. 14. BIRTHPLACE (city or town) for min. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) for min. 17. INFORMANT for min. 18. BURIAL, GREMATION, OR REMOVAL Place for min. 18. BURIAL, GREMATION, OR REMOVAL Place for min. 19. UNDERTAKER William gents formal for min. 19. UNDERTAKER William gents formal	S DATE OF BIRTH (mostly day and man) Agree 12"/9-8 4	Hact can be alive on inface of Tout to the
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWER, BONKEPER, etc. 9. Industry or business in which was done, as SSI K MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month end occupation) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL, CREATION, OR REMOVAL Place 19. UNDERT ARCH Place 19. UNDERT ARCH 19. Oate 19. Oa		1
8. Trade, profession, or particular kind of work done, as SPINKER, SAWER, BONKEPER, etc. SAWER, BONKEPER, etc. 10. Date of enset kind of work done, as SPINKER, SAWER, BONKEPER, etc. SAWER, BONKEPER, etc. 11. Total time (years) spant in this work was done, as SILK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) corugation work was done, as SILK MILL, SAW MILL, BANK, etc. 13. NAME And A Person occupation work and a spant	I day,hr:	
Sawyer, Body Reference September Sawyer, Body Reference Sawyer,		Were as followed
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, as SPINNER,	Higheur laver
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAWYER, BODKKEEPER, etc.	- tratech presentaria
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	work wes done, es SILK MILL,	- American de la companya della companya de la companya della comp
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	O 10. Oate deceased last worked at 11 Total time (years)	allectasis
13. NAME Acrib A Series of country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Where dis injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Menner of injury Nature	Spant in this	
(State or country) 13. NAME Acrib Mark Mark Acrib Mark Mark Mark Mark Mark Mark Mark Mark	The -	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of present of the place of		
What test confirmed diagnosis? Was there an autopsy? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Address) Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Menner of injury Nature of injury Nature of injury 19. UNDERT AKER (Address) What test confirmed diagnosis? Was there an autopsy? 23. If death we due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Wenner of injury Nature of injury Nature of injury 19. UNDERT AKER (Address) CAUSE OF THE DEATH OF THE OCCUPATION OF DEATH OF THE OCCUPATION OF THE OCCU		
What test confirmed diagnosis? Was there an autopsy? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Address) Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Menner of injury Nature of injury Nature of injury 19. UNDERT AKER (Address) What test confirmed diagnosis? Was there an autopsy? 23. If death we due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Wenner of injury Nature of injury Nature of injury 19. UNDERT AKER (Address) CAUSE OF THE DEATH OF THE OCCUPATION OF DEATH OF THE OCCUPATION OF THE OCCU	E I Will have a few gens	
What test confirmed diagnosis? Was there an autopsy? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Address) Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Menner of injury Nature of injury Nature of injury 19. UNDERT AKER (Address) What test confirmed diagnosis? Was there an autopsy? 23. If death we due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Wenner of injury Nature of injury Nature of injury 19. UNDERT AKER (Address) CAUSE OF THE DEATH OF THE OCCUPATION OF DEATH OF THE OCCUPATION OF THE OCCU	4 14. BIRTHPLACE (city or town)	Neme of operation
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Injury Date Au 23, 193.4 Nature of injury 19. UNDERTAKER William Sents Injury (Address) 24. Was disease or Injury In any wey related to occupation of decessed? If so, specify (Signed) (Signed) M. D. Registrar. (Address)	(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Injury Date Au 23, 193.4 Nature of injury 19. UNDERTAKER William Sents Injury (Address) 24. Was disease or Injury In any wey related to occupation of decessed? If so, specify (Signed) (Signed) M. D. Registrar. (Address)	I 15. MAIDEN NAME dance & While	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Injury Date Au 23, 193.4 Nature of injury 19. UNDERTAKER William Sents Injury (Address) 24. Was disease or Injury In any wey related to occupation of decessed? If so, specify (Signed) Menner of injury (Signed) Menner of injury (Signed) Menner of injury (Signed) Menner of injury (Address) Menner of injury (Address) Menner of injury (Signed) Menner of injury (Address)	5 16. BIRTHPLACE (city or town) & terrillo fund	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place July Date Jan 23., 193.4 19. UNDERTAKER William Sents Jundle (Address) 24. Was disease or Injury In any wey related to occupation of decessed? If so, specify (Signed) (Signed) Menner of injury Nature of injury (Signed) Menner of injury (Signed) Menner of injury Nature of injury (Signed) Menner of injury Nature of injury (Signed) Menner of injury Nature of injury Nature of injury (Address) Menner of injury Nature of injury	E (State or country)	
Place J frustrowth Date Jan 23, 1934 Nature of injury 19. UNDERTAKER William Sents Grade (Address) 24. Was disease or Injury In any wey related to occupation of decessed? If so, specify (Signed) (Signed) M. D. Registrar. (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place of frustrion Date Jan 23, 193. Nature of injury 19. UNDERTAKER William Scutz Grade State	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
19. UNDERTAKER William Sents Grade 24. Was disease or Injury In any wey related to occupation of decessed? 19. UNDERTAKER William Sents Grade 24. Was disease or Injury In any wey related to occupation of decessed? 19. UNDERTAKER William Sents Grade 24. Was disease or Injury In any wey related to occupation of decessed? 19. UNDERTAKER William Sents Grade 34. Was disease or Injury In any wey related to occupation of decessed? 20. FILED Jaw. 22, 193 4 Arma M. P. Registrar. (Address) (Address) (Address) M. D.	Place I presupert Date Jan 23, 193	4
20. FILED Jan. 22, 1934 Arma M. D. Registrar. (Address) Manno H. M. D.		24. Was disease or Injury In any wey related to occupation of decessed?
	20. FILED Jan, 22, 1934 Jana M. Jan	(Signed) Morris G. Buy, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
an Bullian V. C.			
Other contributory causes of importance:	-	Other contributory causes of importance:	E HILL
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

: 4 :	STA	T
sta UP/	1. PLACE OF DEATH	
CEC	County Free	1
item of should of OCC	Village or City	a
. 70	Length of residence in city or	tow
RD. Every YSICIANS statement	2. FULL NAME 27	10
	(a) Residence: No.	
PH PH ret	PERSONAL AND	ST
RECO Fr Exact	3. SEX 4. COLOR OF	R
T L Y ied.	J. 2	1
RMANE X A C T classified	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	2
EX cl;	6. DATE OF BIRTH (month, dey, and	l vo
IS A PE stated E properly ertificate	7. AGE Years	M
IS A stated proper	79	
be stop of ce	Trade, profession, or particu kind of work done, as SI SAWYER, BOOKKEEPER,	PIN
JNFADING INK—THIS IS A PERMANENT Poplied. AGE should be stated EXACTLY. terms, so that it may be properly classified. I instructions on back of certificate.	9. Industry or business in whit work was done, es SILK SAW MILL, BANK, etc 10. Date deceased last worked this occupation (month of	MII
AGE II that	this occupation (month en	nd
NFADING plied. AGI rms, se tha instructions	12. BIRTHPLACE (city or town) (State or country)	
FA lied ms,	~ l	
ITH UNFA	14. BIRTHPLACE (city or town).	
ITT Illy pla	c (State of country)	7/
LY, W carefu TH in p	15. MAIDEN NAME	4
ca TH	O 16. BIRTHPLACE (city or town). (Stete or country)	
DEA im	17. INFORMANT Mars	1
PLA hould OF D	(Address)	2
TE sh	18. BURIAL, CREMATION, OR REMOVE	VAL
WRITE ation sh AUSE C	10	
- 10 TI	10 HMDCDTAVED	1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	/58)
County Frederick	Registration Dist. No. 140.
Village or City adies buy	No. St. Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maggie Dyonin	g jenty.
(a) Residence: No.	SC Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH WWW 12 34
J. Il. Widows	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Seuly	22. HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Aug 10. 1854	I last sw held alive on Jack 1 24 19 34 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date states above, at 11 B R. M.
70 11 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were estallows:
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tolian Munua, Man
9. Industry or husiness in which	7,500
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end / 9 3 / spent in this	
year) occupetion //	Other Contributor Tausen of importance:
12. BIRTHPLACE (city or town)	Mus Musculates 15 ms
(State or country)	altho Solorosis 1 1640
13. NAME needie	Che Intestitio afficier 8 ms
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Classical Was there en autopsy? Mo
15. MAIDEN NAME Warker	23. if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
▼ (State or country)	Where did injury occur?
17, INFORMANT Marshall Bell.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address) Sleyman Moll	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 1916 General Date Jan 18, 193 4	Nature of injury
19. UNDERTAKER. Lowell & Albanok	24. Was disease or injury in any way related to occupation of deceased?
(Address) Woods for My	If so, specify
20 FUED //14 1034 GP P P 100	(Signed) William A Wartens M.D.
20. FILED 1 / 1 4 193 4 Registrar.	(Address) Jassey twom Med.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB R 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	PHYSICIAN
---	----	-----------

V. S. No. 1

	STATE C	OF MARY	LAND-	CERTIFICATE OF DEATH	505
1. PLACE O	F DEATH	produces as her		(186 ₁₀)	
County Frederick				Registration Dist. No. 13	-
Village or (City Near Fea	gville		No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of ras	idance in city or town where	daath occurred		sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NA	ME Rufus R	andolnh Zi	mmerman		
(a) Residen	4	Feaso (Usualplace of	ille	St., Ward. If nonresident give city or town and S	tate
PERSON	NAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Widowe	(write tha word)	21. DATE OF DEATH January (Month) 27 (Day)	193 4 (Year)
5a. If married, widov HUSBAND of (or) WIFE of		Blessing		22. HEREBY CERTIFY, That I attended do	eceased from
7. AGE Yes		April 22,	1846 If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12:00 A.M.	death is said
SAWYER 9. Industry or	ession, or particular work done, as SPINNER, business in which	Retired	ermer	wera as follows:	Pate of onset
	is done, as StLK MILL, LL, BANK, etcsed last worked at upation (month and 3/32	11. Total tim spant occup	ne (years) in this 50 ation	Other Contributory Cause of importance:	1539
12. BIRTHPLACE (ci		land		Hovelist JAM	752
₩ 13. NAME	Elias Zimmerm	an		Lilla Dura	1-1-6
13. NAME Elias Zimmerman 14. BIRTHPLACE (city or town) (Stata or country) Maryland				What test confirmed diagnosis? Was there an au	220
15. MAIDEN NAME Suson Greenwald 16. BIRTHPLACE (city or town) (Stata or country) Maryland				23. If death was due to external causes (VtOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
(Address)	Mrs, Raymond Feagaville,		λ	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLAC	ЭЕ.
	TION, OR REMOVAL Olivet Cem.	Data 1/29	/34 ,19	Manner of injury	
(Addrass)	M.R. Etchison Frederick, cuy, 1934:		Registrat.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	M. D.
	If more	blanks are needed an		The less and	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
STORALL S	i				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

(Address)

20, FILEO 22 -) annue 1934

plnods

Frederick, Md.

/ 163	Registratio	n Dist. No.	3/:
NDNDIn a horpital or institution occurred in a horpital or institution of the state of the sta	on, give its NA	ME instead of street	Ward t and number)
now long in 0.5. is of	totalgii bittitt	y13	mosus.
St., Ward.	If nonreside	nl give city or tow	n and State
MEDICAL CE	RTIFICAT	E OF DEAT	H
21. DATE OF DEATH	(Month)	January 2	2st, 1934 (Year)
. /	19.32, to		1934
to have occurred on the data stated		.M?.m.	the country death is said
The PRINCIPAL CAUSE OF DEATH were as follows:			Date of enset
Strangulaler	×		
Other Contributory Causes of Import	lance:		
Name of operation		Date	1.
What test confirmed diagnosis?			
23. If death was due to external cause Assident, suicide, or homicide?			-
Where did Injury occur? Specify whether injury occurred in I	(Specify city INDUSTRY, In	or town, county an HOME, or in PUBLI	d State) IC PLACE.
Manner of injury			
24. Was disease or injury In any way	related to occ	upation of deceased	12 200
If so, specify (Signed)	Bor	im	M. D.
(Address)	rede	uest	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset	
Arteriosclerosis 1 (15 D)	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	.,			
A CONTRACT S. I	025	g gallenge day - may		
Other contributory causes of importance:	34	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		and the second s		
The second of th				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2